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THE PASTORAL RESPONSE TO THE ADOLESCENT
DRUG ABUSER

A Dissertation
Presented to
the Faculty of the
School of Theology at Claremont

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Religion

by
John G. Brown, III

June 1972

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Theology at Claremont in partial fulfillment of the
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I wish to dedicate this dissertation to
my wife Phyllis, for shared moments of
encouragement, wordless sacrifices and
continual support.

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CHAPTER I

INTRODUCTION

Today the pastor of a local church has an opportunity to minister to youth who suffer from countless personal problems. The sensitivity, training, and availability of the minister should make it possible for the minister to help an adolescent drug abuser help himself to cope with his problems.

A survey by the University of Michigan reported on findings of how *Americans View Their Mental Health*. The report stated that:

One out of seven of all those interviewed had actually sought professional help. Where had these persons gone for help? Forty-two percent had gone to clergymen and 29 percent to non-psychiatric physicians. . . . Fifty-four percent of the Protestants who attend church at least once a week went to a minister when they sought personal help. Even among those who attend church less frequently, 33 percent who went for help chose a clergyman.¹

The pastor is gradually becoming known as one trained in counseling, and as shown in this survey, people are turning to the church and to their ministers for assistance with personal problems.

Unfortunately, many ministers in local churches have not utilized their training in confronting a problem which is still increasing. This problem is drug abuse among adolescents. The pastor has an opportunity to minister and possibly initiate a positive change toward less drug abuse among teenagers.

¹Howard J. Clinebell, Jr., *Basic Types of Pastoral Counseling* (New York: Abingdon Press, 1966), p. 43.

In addition to his own involvement the minister should also strive to involve others who will work beside the adolescent. The laity of the church should be involved in helping youth to help themselves resolve their personal problems. Often the personal problems motivate young persons to escape into another reality such as drugs, or to take drugs which in turn become their problems. Laymen who are trained in coping with problems of adolescents are effective instruments of growth. Unfortunately the laity are not utilized by the ministry in changing the direction of drug abuse among the young people. The book, *God's Frozen People*, by Mark Gibbs and T. Ralph Morton makes the comment that the greatest untapped reservoir for good in the world is the people who sit in the pews of Christian churches Sunday after Sunday. They are, it is said, "God's frozen assets needing to be thawed out and put to work."² The pastor certainly does not have to make cognizant to his congregation the seriousness of drug abuse, although he must guide the laymen in creating means by which they can become involved in programs to decrease drug abuse among adolescents.

Purpose

While this thesis will deal with the pastor working with the laity to some extent, it will primarily emphasize the relationship between the pastor and the adolescent drug abuser. The authenticity

²Nathanael M. Guphill, *How to be a Pastor in a Mad, Mod World* (St. Louis: Bethany Press, 1970), pp. 59, 60.

of a pastor deepens the relationship between a counseling pastor and a young person in need of guidance and support. Therefore, the thesis explores the meaning of authentic relationship within a theological perspective. This theoretical understanding of relationship is a central motif throughout the study, but the author takes a further step and explores means by which the theory can be put to practice. This exploration pursued in the last chapter entitled "Pastor as Counseling and Church Facilitator" applies the background of the first four chapters. The purpose of this thesis is to present bases for the pastor's involvement with adolescent drug abusers and the exploration of ways through which he as facilitator can enable the adolescent to resolve his personal problems.

Methodology

A number of methods used to obtain the information for this dissertation are discussed in this section.

To begin with a questionnaire was sent to 130 churches in Southern California. The three major denominations selected were United Methodist, Disciples of Christ, and the Episcopal Churches. Counseling pastors in each of these churches furnished information from their experiences. The author obtained the names and addresses of counseling pastors from friends, District Superintendents and other church officials in the three denominations.

The number of returns from the Ministerial Survey was extremely gratifying. Fifty-three or approximately one-half were returned to the compiler. The information from this questionnaire used throughout

the dissertation substantiates certain emphases. A number of pastors made additional comments which are quoted in the ensuing chapters. Of course, confidentiality is kept in regard to the names of the pastors and the locality of the church. (A copy of the Ministerial Survey is found in the Appendix.)

The author's counseling experiences were another area of information for this dissertation. As a student intern the writer was on the Claremont High School campus under the supervision of Dr. Frank Kimper, Pastoral Counseling Supervisor; Dr. Robert Oyler, School District Psychologist; and Mrs. Diane Stowell, assistant to the principal. Small group work, informal counseling with non-drug abusers and drug abusers constituted a major portion of the author's experiences.

During the author's sixth semester in seminary he served as a student intern chaplain at the California Institution for Women. This internship is an accredited Clinical Pastoral Education program, and served to broaden the scope of experience in counseling.

The Rialto and La Verne United Methodist Churches have employed the services of this author. He counseled youth with some of the countless growing pains of adolescence, who were at the same time drug abusers and non-drug abusers.

Additional invaluable experience was gained as the author worked at the Claremont Pastoral Counseling Center under the supervision of Dr. Frank Kimper and the consulting psychiatrists from Tri-County Mental Health Association in Pomona, California. The counseling center experiences included opportunities to counsel in one to one

relationships, as well as family situations, with couples, and with groups.

Studies and research at Claremont School of Theology contributed heavily to this dissertation. Through persistent and constant study the author has attempted to keep abreast of the latest information on drug use and abuse. The latest data pertaining to the misuse of drugs among adolescent youth is listed in the bibliography.

Limitations

With the tremendous amount of material presently published on the subject of drugs the author found it mandatory to establish boundaries for a study of the adolescent drug abuser. Two responsibilities emphasized in this paper for the pastor are those of counseling adolescents, and of facilitating social change through the use of local church laity.

The study is limited to adolescents between the ages of thirteen and seventeen. John E. Ingersoll, Director of the Bureau of Narcotics and Dangerous Drugs, gives a statistic which shows of an increasing drug problem among adolescents. This was an important reason for choosing this age limitation. He said, "Even more appalling is the fact that arrests of juveniles--young people aged 18 or less--increased by 1,860 per cent. This, of course, only touches the tip of the iceberg."³ The young people in this age span were arrested for

³"Drug Menace: How Serious?" *U. S. News and World Report*, LXVIII:21 (May 25, 1970), 38.

numerous types of problems associated with drugs. The writer has found from his relationship with all ages of youth that the adolescent, ages thirteen through seventeen, has a more overt problem with drugs than older youth. This is seen because of the large number of tasks that the particular age performs. For example:

Choices of vocation, educational plans, life mate, and life philosophy--all of these decisions confront him while he is still struggling to discover who he really is. The way he decides in these choices will have a powerful impact on his eventual sense of self.⁴

In order to further narrow the study it must be understood that age seventeen includes high school seniors; this means seventeen-year-olds who are not residing or attending a college or university. The college or university is an altogether different culture or setting from the family. Another reason for the choice of non-college students is that college students' involvement in the church and an active relationship with a minister is minimal. To have included discussion on college adolescents would have required a survey to university campus ministers who often do not serve local churches.

Finally, the discussions on drugs has been limited to those drugs which the survey indicates the adolescents as using. Question eight asked the ministers in the Ministerial Survey, "What drugs have your adolescent counselees used from January 1970 to May 1971?" Answers indicated that the major drugs were marihuana and barbiturates. Therefore, these two drugs will be discussed in length with only a

⁴Charlotte H. and Howard J. Clinebell, *Crisis and Growth* (Philadelphia: Fortress Press, 1971), p. 31.

brief discussion on the other drugs surveyed.

Description of Terms

Five major terms are used in this dissertation. Elaboration of these terms are found in other chapters.

1. *Drug* is defined as a chemical substance which effects consciousness which in turn effects the physical condition of the user. This is not an evaluation at this point as to whether the drug does physical harm or not to the human body or does harm to the environment. The effect of a drug is dependent on the person, origin of drug, amount of drug, type of drug, setting and foreign substances placed inappropriately or maliciously in a drug when sold to a user.

2. *Drug Abuser*, one who misuses a drug to the extent that it is harmful either psychologically or physiologically or a combination of both, or is harmful to his relationship with society. We are told that " . . . 'drug abuse' refers to the use of a drug, usually chronic excessive use, to an extent that produces definite impairment of social or vocational adjustment or health." A drug abuser affects society when he harms others or is not able to function in society.⁵

3. *Drug Dependence* is taking drugs to the extent that repeated or increased dosage is desired for escape, gratification or other psychological reasons. Therefore, the definition of drug dependence

⁵ Joel Fort, *The Pleasure Seekers* (New York: Bobbs-Merrill, 1969), p. 8.

is based on a diagnosis of a drug abuser by himself and a counselor.

Joel Fort adds insight on drug dependency in his book,

Pleasure Seekers, when he says:

All the mind-altering drugs, including the ones already mentioned and certainly including marijuana, amphetamines, and barbiturates, can with regular use lead to psychological dependence, but it would always have to be decided on an individual basis whether the dependence on a drug, the spouse, or television was significantly impairing one's life functioning, self development, or social contributions; whether it was enhancing these; or whether it was having no effect whatsoever.⁶

The effect would be of a psychological and/or physiological nature.

4. *Drug Automatism* relates mainly to barbiturate drugs. It is clearly defined as "the state of mental confusion in which the barbiturate user forgets how many doses he has taken. . . ." ⁷ This is one of the main reasons that barbiturates are the most dangerous drugs available to the general public. Because of availability barbiturates are the major drugs used causing suicide or used for the purpose of suicide. It has been estimated that over 3,000 have died because of overdose of barbiturates a year.⁸

5. *Ministry of Facilitation* will refer to an ordained trained pastor in the local church. This ministry is not limited to any specific denomination, but to a person theologically and psychologically

⁶*Ibid.*, p. 9.

⁷Richard Lingeman, *Drugs From A to Z* (New York: McGraw-Hill, 1969), p. 17.

⁸*Ibid.*

trained. Webster defines facilitate as "to make easier." In the context of ministry, the ministry of facilitation teaches the untrained to accomplish said purposes quicker and in a more meaningful manner. It does not mean that the minister does most of the work for the layman and therefore makes the job easier for the laymen. Instead it means showing avenues of effective involvement.

CHAPTER II

AN OVERVIEW OF PRESENT DAY DRUG ABUSE

Knowledge of the present day drug scene is a prerequisite for an effective response on the part of a pastor. When a pastor responds to the adolescent drug abuser, he must see him as an individual separate and yet a part of society. Certainly society plays a central role in the use of drugs among adolescents.

In view of this, the author will explore with the reader how an adolescent is first introduced to drugs in society, for the majority of students go into society to obtain their drug supplies. The picture of a "pusher" coming to a student is not a common scene today.

The section following, on introduction of drugs to adolescents, centers on two major drugs which are marihuana and barbiturate drugs. The psychological effects of marihuana and barbiturates are discussed in depth. The author has chosen to discuss the physiological effects of only barbiturates because of the accuracy of data on the subject. There is such a divergence of opinion regarding the physiological effect of marihuana that the author decided not to write on that subject.

The most recent publication discussing marihuana and its effects states that, "little is known of the distribution of marihuana in the body, the manner in which the drug is metabolized or excreted, or how it acts on the nervous system."¹

¹Donald B. Louria, *Overcoming Drugs* (New York: McGraw-Hill,

Both marihuana and barbiturates were emphasized in this chapter because of the results of the Ministerial Survey. The survey reported that these two drugs were in the highest level of abuse compared with all the drugs surveyed.

The author has also included a section on amphetamines. A history and dangers of amphetamines are briefly discussed because of its abuse among teenagers.

The following chart reports to the reader the outcome of the complete survey on question eight which states, "What drugs have your adolescent counselees used from January 1970 to May 1971?"

35 Marihuana
17 L.S.D.
10 Mescaline

Amphetamines
18 Menzedrine
16 Methedrine
7 Dexedrine

Narcotics
1 Opium
16 Heroin
2 Morphine
2 Codeine

Barbiturates
15 Nembutal
28 Seconal
8 Phenobarbital
5 Doriden

Miscellaneous Results

1 Gypsum Pods
1 Darvon
1 Amyl Nitrate
2 Glue Sniffing
1 "Whatever hits the street"
1 "You name them"

The final section discusses society's response to the adolescent drug abuser. Our American society is reacting and in some cases

1971), p. 220.

overreacting to drug abuse by passing stringent laws. Yet are the laws created by our government the final answer in decreasing drug misuse in this country?

In 1964, Richard H. Blum and Associates interviewed fifty-two California legislators and one question centered on:

What can laws accomplish? In our discussion on these beliefs, the most frequent expectation voiced by lawmakers was that through the passing and enforcement of drug laws the amount of drug abuse could be reduced by 'limiting' the supply of drugs--a matter of practical controls--and by placing a stigma on us--the stigma serving as a moral proclamation to deter citizens from drug experimentation and, at the same time, presenting drug abusers with the threat and fact of punishment. Men who held this view did not believe that any legal effort could eliminate drug abuse entirely. Three lawmakers saw no hope for any laws to control drug taking through any presently available methods, but they expressed the hope that laws which authorized research might lead to eventual solutions. (Three Democrats and no Republicans expressed the latter view.)²

A final group believed that legislation could cut down on the use of drug abuse by establishing centers for treating drug abusers.

There is no question that treatment centers are needed and helpful, but the core of bringing about change in society is by changing the attitudes within the legal problem which is the thermometer of society.

INTRODUCTION OF DRUGS TO YOUTH

The fantasy picture of the pusher following a prospective patron are extremely rare today. In fact the author has found that

²Richard H. Blum & Associates, *Society and Drugs* (San Francisco: Jossey-Bass, 1969), I, 297.

many youths have a sense of paranoia toward strangers who are interested in drugs and the drug cult. The paranoia centers around the fact that "narc's," as youth often refer to Narcotic Agents, are in attendance on many campuses and in student gatherings. A "narc" is sometimes a student hired by the police or an actual officer posing as a student. Nor does the fantasy picture carry through regarding pushing.

Peddlers do not give drugs away because they are too expensive and because it is too dangerous. If an ambitious entrepreneur were to start giving away free samples in the manner depicted by some writers, word of this would flash through the addict community and he would be besieged by willing victims.³

How does a teenager become introduced to drugs? Youth come in contact with drugs by those closest to him and through the environment surrounding him. Included in these contacts are his own family, friends, school pals, and the psychological influence of movies and television.

The family in suburbia and urban life is not unfamiliar with drugs. Some member of the family might take a tranquilizer to sleep, a multicolored vitamin pill after breakfast, or a diet pill to kill appetites. Any minor illness seems to promote a trip to the neighborhood pharmacy. Even the family doctor certainly is not exempt as an introducer of drugs to the family unit. He prescribes countless drugs for all types of ills, often permitting the patron to refill and refill his prescription to excess while not reexamining his patient.

³A. R. Lindesmith, *Addict and the Law* (New York: Random House, 1970), p. 133.

One needs only to view on television, read in papers and listen on the radio for the various agencies which expose youth to drugs. There are advertising agencies, for example, who speak of some of the ills of specific drugs while not informing the public of all the physical and emotional problems associated with drugs. Peter Marin and Allan Y. Cohen, authors of *Understanding Drug Use: An Adult's Guide to Drugs and the Young*, said:

They need information not only about drugs but about the nervous system and the psyche, as well as other forms of self-expansion. They are both curious and willing to learn, but adults usually confuse information with propaganda, and their attempts at 'education' come straight out of Orwell's *1984*. Propaganda of any kind--no matter how well-intentioned--increases mindlessness and robs the young of choice. We barrage them with so much rhetoric, hysteria, and imposed guilt that we merely add to their sense of separation or delinquency.⁴

All of environment does play a significant role in introducing the adolescent to drugs. But the peer fellowship is one of the strongest influences on adolescents taking drugs in the first place. "Smoking marijuana, like eating together, binds its participants in a primitive sense of fellowship."⁵ This fellowship is extremely important to adolescents and separation from such a group is painful and rejecting.

If one is going to use marihuana he must be involved in a close relationship with other marihuana users. "Generally, selling must be

⁴Peter Marin and Allan Y. Cohen, *Understanding Drug Use* (New York: Harper & Row, 1971), p. 83.

⁵Erich Goode, *The Marijuana Smokers* (New York: Basic, 1970), p. 253.

considered as part of the syndrome of use."⁶ And so a cycle begins where the one introduced to marihuana in turn introduces marihuana to other friends.

It is not simply that the user must purchase his drug supply from the seller to consume the drug (this symbiotic relationship exists with heroin as well), but that the user and the seller are largely indistinguishable; there is no clear-cut boundary between them.⁷

Besides the peer group introducing drugs to adolescents, the college age also passes drugs on down to teenagers in high schools.

Marijuana is frequently introduced to high school culture by high school students with close siblings at college, older girls who have begun to date college boys, or youngsters who are drawn to intellectual, political, or artistic activities that are shared with college students. This latter group is of course increased if there is a college campus close at hand or a relatively handy location where such commitments can be acted out--Haight-Ashbury in San Francisco, the East Village in New York, Old Town in Chicago, Plum Street in Detroit, and the like.⁸

Finally there is the person who deals the drugs into the community. Father Roland Melody, a Roman Catholic priest in Stirling, New Jersey, traveled with the New York City Narcotics Squad and he makes this comment about the dealer. "A dealer might sell between 50 and 100 bags of heroin a day. If the street price to the pusher for a 'nickel bag' is \$5.00, then this dealer is taking in between \$250 and \$500 daily."⁹ Heroin dealers unfortunately are common. The

⁶*Ibid.*, p. 25.

⁷*Ibid.*

⁸William Simon, "Children of The Drug Age," *Saturday Review* (September 21, 1968), 63.

⁹Father Roland Melody, *Narco Priest* (New York: World, 1971),

Ministerial Survey showed sixteen young people using heroin obtained from a dealer in his own community.

MARIHUANA

The misuse of marihuana is popular in today's society. All economic classes abuse this drug. The Ministerial Survey reported that out of fifty-six ministers thirty-five of their counselees used marihuana.

Joel Fort, author of *The Pleasure Seekers* did a survey of twenty Northern California school districts with the youth population being 9,000. The grade levels were from fourth to the twelfth grade. He found that:

. . . 18 percent boys and 12 percent girls had tried it (marijuana) in the 7th grade, while in the same school district the eighth graders reported 27 percent boys and 18 percent girls respectively using it. In the tenth grade 38 percent of the boys and 43 percent of the girls used marijuana, while 41 percent of the boys and 43 percent of the girls had used marijuana in the twelfth grade.¹⁰

Another survey points to the excessive use of marihuana in San Mateo County, California. In the summer of 1968 this survey was conducted with the aid of 19,000 high school students " . . . finding that 32 percent (of the 19,000 high school students) had tried marijuana and more than half of these had used it ten times or more."¹¹

p. 18.

¹⁰ Joel Fort, *The Pleasure Seekers* (New York: Bobbs-Merrill, 1969), p. 30.

¹¹ *Ibid.*

The author will explore in this section a description of marihuana including a short historical sketch. The psychological effect, following the history of marihuana, shall then be discussed.

Description

The use of marihuana often results in hallucinations. Cannabis Sativa L is drawn into the body by smoking marihuana cigarettes (commonly called joints), although there are cases where the Cannabis Sativa L is eaten. For example in the La Guardia report of 1940, the seventy subjects were asked to eat marihuana.

Following is a description of the plant from which drug abusers obtain leaves, buds, and sometimes even stems which they eat or smoke.

CANNABIS SATIVA is a tall annual plant which at maturity ranges in height from 3 to 16 feet and grows on the average to 6 to 8 feet. The leaves, usually seven to a stem, are dark green on top, hairy, with saw tooth edges. The stalks are fluted. The male and female plants are similar in appearance with maturity, when their flowers differ. The female plant yields hard-hulled fruit containing seeds and more copiously than the male. The male produces the resin containing tetrahydrocannabinol, the Active Principle with hallucinogenic properties.¹²

When one describes the experience of taking marihuana he experiences a wide variety of effects. The following is an interview with a fourteen year old boy describing some physical effects of smoking marihuana:

I've been smoking so long I couldn't give you a figure on how long--five years, I'd say, more or less. I don't keep track. I don't count the time, the years. My cousin and his friends,

¹²Richard R. Lingeman, *Drugs From A to Z* (New York: McGraw-Hill, 1969), p. 36.

they started us. They gave us the stuff. My cousin, he said to me: 'George, you've got to know how to leave, man, you really do.' I didn't know what he was meaning. I told him he was talking crazy. He said I could find out, if I wanted, if he was crazy or not. He gave me the cigarette and I took it in, the pot, and I liked it. I saw what he was saying. I got a little high, I must have. That was a long time ago. I don't remember that far back; I don't remember everything. All I know is this: you use the stuff, and you get real loose, and you're off on a cloud a little. You're gone. You've left. You see?¹³

History of Marihuana

The actual known date when marihuana was first used in ancient times is disputed. David Smith in the book, *The New Social Drug*, states that marihuana " . . . has been associated with civilized man for more than 4,000 years; the first written account occurred in Chinese literature around 2700 B.C."¹⁴ And yet Richard R. Lingeman in his book, *Drugs From A to Z: A Dictionary*, states that:

. . . the use of the plant for its hallucinogenic effects probably originated in Central Asia or China, where it was mentioned in a pharmacy book by Emperor Shun Nung in 3000 B.C., and spread through India and the Near East (in the fourth century B.C. the historian Herodotus described its use among the Scythians) and Africa, and thence to Europe and the Western Hemisphere.¹⁵

But Richard H. Blum in his book, *Society and Drugs*, states that Shen Nung is only fictitious " . . . and few Chinese dates before 1000 B.C. can be accepted with confidence."¹⁶ It is impossible to establish the

¹³Robert Coles, Joseph H. Brenner, and Dermot Meagher, *Drugs and Youth* (New York: Liveright, 1970), p. 90.

¹⁴David E. Smith (ed.), *The New Social Drug* (Englewood Cliffs: Prentice-Hall, 1970), p. 3.

¹⁵Lingeman, *op. cit.*, p. 36.

¹⁶Blum, *op. cit.*, I, 61 (citing *Encyclopaedia Britannica*, 1962).

actual beginning date of marihuana use. It is fair to state that marihuana was used before Christ for hallucinogenic purposes.

A debate is also found on the introduction of marihuana into this country. A consensus among historians agree that marihuana came into this country during the middle of the nineteenth century. By the 1920's the major port cities in the U. S. had been introduced to it, and lower class cultures had been exposed to it. "By the late 1930's, use had spread to Norther urban centers but was confined almost entirely to Negro and Latin-American slum dwellers."¹⁷

From 1940's to 1950's the popularity of marihuana grew and the use of marihuana quietly increased. In the 1950's the popularity hit a peak and as Lingeman said:

In the 1950's marijuana use was given a literary boost in the writings of the 'beat generation,' which effected a sort of literary bridge between marijuana use among the lower classes and jazz musicians and among intellectual, student, and middle-class circles.¹⁸

The use of marihuana grew out of the lower economic class to where now marihuana is used in all classes. This assumption is made on the basis of the Ministerial Survey and the author's research in history.

Marihuana is becoming more and more available in this decade. Young people have commented to this author that marihuana is extremely easy to obtain on their school campuses and from their friends. When one looks at the amount of marihuana coming into this country he can

¹⁷Blum, *op. cit.*, II, 70, 71. New York City Mayor's Committee on Marihuana, sometimes called the LaGuardia Report, 1940.

¹⁸Lingeman, *op. cit.*, p. 145.

understand what teenagers are saying today about the availability of drugs.

United States customs officials seized 104,303 pounds of marijuana in fiscal 1970. In the first nine months of fiscal 1971 they have already picked up 126,965 pounds of pot, says U. S. Commissioner of Customs Myles Ambrose.¹⁹

Psychological Effects

The psychological effect of marihuana is presently a crucial question, mainly because the pendulum has swung from the belief that marihuana has no dangerous effects to the idea that marihuana causes crime and mental illness.

From the research of this author the following psychological effects are experienced sometimes by the user of marihuana.

Among the more prominent subjective effects of cannabis, for which it is taken occasionally, periodically or chronically, are: hilarity, often without apparent motivation; carelessness; loquacious euphoria, with increased sociability as a result, distortion of sensation and perception, especially of space and time, with the latter reinforcing psychic dependence and being valued under special circumstances; impairment of judgment and memory; distortion of emotional responsiveness; irritability; and confusion. Other effects, which appear especially after repeated administration and as more experience is acquired by the user include: lowering of the sensory threshold, especially for optical and acoustical stimuli, thereby resulting in an intensified appreciation of works of art, paintings and music; hallucinations, illusions, and delusions that predispose to antisocial behavior; anxiety and aggressiveness as a possible result of the various intellectual and sensory derangements; and sleep disturbances.²⁰

¹⁹"Questioning the Legal Status," *Science News*, XCIX:21 (May 22, 1971), 34.

²⁰Nathan B. Eddy and others, "Drug Dependence of Cannabis (Marijuana) Type," in Richard E. Herman and Allan M. Fox, *Drug Awareness* (New York: Avon, 1970), pp. 224, 225.

These characteristics are quoted in length because they define very well the psychological effects of marihuana on some users. It is also important for a pastor to know these effects so that he can be more responsive to the problem needs of the abuser.

The subjective effects take place because of three major reasons. The setting, amount of drug and the personality have an effect on the psychic state of the drug abuser or anyone using drugs.

The setting. The setting is defined as the place or environment where the drug is ingested into the system through smoking or eating. If the user is in a warm loving setting the psychological results are different from those in an atmosphere where the fear of "being caught" is evident. "If warmth, reassurance, and knowledgeable guidance are provided, bad experiences, including distortions of perception, are less likely to occur or to be bothersome."²¹

The amount of the drug. The amount a person takes into his system from the hemp plant affects the experience of the user. If a person smokes marihuana he can control the amount taken into his system, but if he eats this drug he is unable to control the amount ingested.²² Certainly the origin of the drug effects the amount of the drug. Therefore the amount digested into the system varies with origin of the drug.

²¹Fort, *op. cit.*, p. 131.

²²Edward R. Bloomquist, "Marijuana: Social Benefit or Social Detriment?" in Horman and Fox, *op. cit.*, p. 376.

Cannabis sativa varies in resin content, and hence potency, with the area in which it is grown (hence, the loose and obsolete application of such local names as Cannabis americana and Cannabis indica).²³

The personality. The person who has serious emotional problems will not be able to escape these problems under the influence of marijuana. In some cases his personal problems are amplified under drug use. Presently researchers are having difficulty in evaluating the results from persons taking pot. (See chapter three for a fuller discussion.)

A same drug experience communicated by one person might be understood and communicated entirely differently by another person.

. . . the subjective interpretation by the user of what he is experiencing, the phraseology of the questions asked by an experimenter seeking to determine what is happening, and the subjective interpretation of the experimenter . . . indicate widely different results.²⁴

BARBITURATES

The Ministerial Survey guides us to understand that the drugs most frequently misused by the youth seen by the clergymen were barbiturates. The major barbiturates are Seconal, Nembutal, Phenobarbital and Doriden. The survey shows that out of the fifty-six barbiturate users twenty-eight used Seconal. "So far, no nationwide survey of abuse of the prescription drugs by the general population has been

²³Lingeman, *op. cit.*, p. 37.

²⁴Fort, *op. cit.*, p. 131.

conducted. Neither has there been any nationwide survey of special age or school groups."²⁵ There is one report in the *Proceedings of the Rutgers Symposium on Drug Abuse*, " . . . that amphetamines appear to be abused more widely than barbiturates, and barbiturates more widely than tranquilizers."²⁶

It is not surprising that barbiturates are the most used drugs by a major proportion of youth. "Enough barbiturates, as an example, are manufactured each year in the United States to provide thirty to forty average doses for every man, woman, and child."²⁷ In fact the production of barbiturates in the United States is in the tons. "Over 400 tons of barbiturates (3.6 billion normal doses) are produced annually in the United States."²⁸

Three major topics pertaining to barbiturate abuse will be found in this section: (1) Description of barbiturates, (2) the psychological and physiological effects, and (3) patterns of abuse.

Description

Classification of drugs is dependent on the amount of time the sedative or hypnotic action lasts.

Barbiturates, then, are divisible into (1) long-acting (barbital, phenobarbital); (2) intermediate-acting (amobarbital, butabarbital); (3) short-acting (pentobarbital, seco-barbital); and (4) ultra-short-acting (thiopental, thiamylal) groups.²⁹

²⁵J. R. Wittenborn and others, *Drugs and Growth* (Springfield: Thomas, 1969), p. 141.

²⁶*Ibid.*

²⁷Blum, *op. cit.*, II, 242.

²⁸Cohen, *op. cit.*, p. 105.

²⁹"Barbiturates," *Encyclopaedia Britannica* (1962), III, 100.

The Ministerial Survey showed that the short-acting barbiturate, secobarbital (commonly known as Seconal), was used the most. Therefore, the survey substantiates the *Journal of the National Education Association* which said, "The short-acting preparations are the ones most commonly abused."³⁰ Phenobarbital was used second to Seconal. By the classification above, Phenobarbital is a long-lasting drug, and can last as long as six hours or more.³¹ Seconal is "a short-acting, fast onset barbiturate hypnotic and sedative. It is sometimes called 'red birds, red devils, reds.'"³² There are a number of ways this drug can be taken. It can be taken (1) orally, (2) intravenously and (3) rectally.³³ When a drug abuser takes a large amount, usually a minimum of 100 milligrams, distinct physical changes are seen.³⁴

Physical and Psychological Effects

Barbiturates are mainly used to effect the central nervous system. Barbiturates are also " . . . unspecific in their effects and are capable of depressing a wide range of functions, including those of nerves, skeletal muscle, smooth muscle, and cardiac muscle."³⁵

³⁰"Students and Drug Abuse," *Journal*, National Education Association, LVIII:3 (March 1969), 44.

³¹"Barbiturates," *op. cit.*

³²Lingeman, *op. cit.*, p. 219.

³³Smith, Kline & French Laboratories, "Drugs of Abuse and Their Effects," in Horman and Fox, *op. cit.*, p. 30.

³⁴"Barbiturates," *op. cit.*

³⁵Cohen, *op. cit.*, p. 103.

Continual use of barbiturates can do irreparable harm to the liver, kidney, brain, plus other vital organs. Damage to the human body can be caused by the amount of the drug plus the duration of use.

The harmful effect of a barbiturate on the body varies with the amount of the drug in a person's system. A dosage in the thousands of milligrams is highly poisonous to any human body. "With such a dosage severe poisoning will occur, producing deep coma, respiratory and kidney failure, complications, and death."³⁶

When a person takes barbiturates for a long period of time physical addiction is probable. Marin and Cohen in their book, *Understanding Drug Use*, mention that 800 milligrams daily for six weeks or more has shown physical dependence. Five of the counselees in the survey are using the barbiturate Doriden.³⁷

Besides harmful physical effects the psychological effects are seen which become apparent in the behavior of a barbiturate abuser.

The barbiturate abuser exhibits slurred speech and staggering gait. His reactions are sluggish. He is emotionally erratic and may be easily moved to tears or laughter. Frequently, he is irritable and antagonistic.³⁸

It is true for barbiturate abusers as it is for marihuana users that personal problems are not resolved or canceled out when a person takes

³⁶Lingemann, *op. cit.*, p. 16.

³⁷*Ibid.*, p. 65. Doriden is defined as a non-barbiturate but to the knowledge of this author it still remains in the barbiturate category because of the results of the drug on the body.

³⁸Smith, Kline & French Laboratories, *op. cit.*

this drug. The psychological problems can be amplified in behavioral and physical patterns.

In the presence of severe pain or psychological disturbance, the barbiturates in clinical doses may produce delirium; rashes, nausea, diarrhea, anxiety, nervousness, and other undesirable side effects sometimes occur.³⁹

When a person is psychologically hooked on barbiturates the possibility of death is greater than when he is addicted to morphine or heroin.

The science of medicine has substantiated this claim.

1. Since long acting barbiturates achieve physical effects more slowly, an overdose is more likely to be fatal.⁴⁰

2. Drug automatism is extremely possible. Probably this is one of the central reasons that 3,000 deaths occur with the use of barbiturates every year.⁴¹

3. Cumulative effects can take place because this drug can be stored in muscle and fat. "Traces of barbital may be detected 8 to 12 days after a single dose."⁴²

ABUSE OF AMPHETAMINES

Amphetamines compose the second largest group of drugs reported in the Ministerial Survey. The counselors reported that eighteen young people used Benzedrine, sixteen used Methedrine, and seven used

³⁹Lingeman, *op. cit.*, p. 16.

⁴⁰*Ibid.*

⁴¹*Ibid.*

⁴²Cohen, *op. cit.*

Dexedrine. The only other survey obtained by the author which discusses amphetamines use by adolescents is the Berkeley survey. Dr. Joel Fort, who made the Berkeley survey, said, "As for amphetamines, about five percent of both sexes in seventh grade have tried them; 12 percent of tenth graders; and 15 percent of twelfth graders. The findings were similar in other districts I surveyed."⁴³ The above statistics only mention the *use* of amphetamines and not their abuse. Joel Fort discusses abuse of amphetamines when he said, "Because it often goes unrecognized even by physicians; is often untreated, particularly in the instance of illicit use; and since other diagnoses are frequently given for insurance purposes, figures of abuse are difficult to come by, but it is likely that about 500,000 of the millions of users can be considered abusers."⁴⁴

Abuse is dependent on type of amphetamine, the physiological and psychological make up of the drug user, and the dosage taken into the body. Dosage abuse is defined as " . . . tak(ing) from 20 to 200 pills daily or inject(ing) by vein 150 to 15,000 milligrams."⁴⁵

This section on amphetamines is divided into two parts. The first part will give a short history of amphetamines from 1927 until the present, while the second section will discuss the dangers of amphetamines for the abuser.

⁴³Fort, *op. cit.*, p. 42.

⁴⁴*Ibid.*

⁴⁵Louria, *op. cit.*, p. 222.

History of Amphetamines

In 1927 amphetamine and methamphetamine were synthesized in hopes of finding a substitute for ephedrine.⁴⁶ "The first clinical use of amphetamine was as a vasopressor, by Piness *et al.* in 1930."⁴⁷

The actual medical use of amphetamine came in 1932 when it was used to relieve nasal decongestion. A few years later it was used as an "intoxicating substance," and one bartender in London was arrested for selling the substance.⁴⁸

Soon the inhalers were withdrawn from the public by the manufacturers because " . . . they learned that the more adventurous customers were chewing up the wicks for kicks. Thus the public discovered on its own, long before doctors began prescribing it for the purpose, that amphetamine was an effective stimulant."⁴⁹

"By World War II the Germans had produced methamphetamine (Methedrine), which they used as a stimulant for their own military personnel, and when Japan entered the war, this drug was also used by the Japanese."⁵⁰ It is interesting to note that before World War II Japan did not have any major drug dependence. Yet, when Japan was defeated, "the existing stocks of methamphetamine were released for general use

⁴⁶Cohen, *op. cit.*, p. 95.

⁴⁷"Dependence on Amphetamines and Other Stimulant Drugs," *Journal*, American Medical Association, CXC VII (September 19, 1966), 1023.

⁴⁸Wittenborn, *op. cit.*, p. 19.

⁴⁹Cohen, *op. cit.*, p. 95.

⁵⁰Wittenborn, *op. cit.*, p. 19.

apparently without realization that this act had significant public health implications. In 1954 there were thought to be some 2 million users in Japan; and of these about 10 per cent were serious abusers."⁵¹ "It is estimated that in the peak year of the stimulant epidemic, between 500,000 and 1 million persons, including many teenagers, were regular abusers."⁵²

Other countries throughout the world have reported serious problems with amphetamines. In Great Britain dexedrine and amobarbital in a tablet was found as a chief drug abuse problem in women " . . . in the age range of 35 to 50 years who initially received the drug for weight control. Today, an alarming number of younger persons are reported to be abusing stimulants."⁵³ The United States also experienced a serious problem in its history with amphetamines, until in 1965 legislation was passed to control the abuse of amphetamines. "The Drug Abuse Control Amendments of 1965 require that detailed records be kept on the manufacture, shipment, and distribution (including pharmacy prescription records) of the drugs covered. . . . The law also stipulates that a prescription for a stimulant or depressant drug under control is valid only for six months and, in that time, is limited to five refills. However, misuse is still possible within these limits."⁵⁴

⁵¹ *Ibid.*

⁵² "Dependence on Amphetamines . . . ," p. 1024.

⁵³ *Ibid.*

⁵⁴ *Ibid.*

Dangers of Amphetamines

A tremendous amount of amphetamines is still available for public use or abuse even though the Drug Abuse Control Amendments have been enforced. When amphetamines are correctly used they benefit the various ills of man.

1. They are used for symptomatic treatment of 'mild nervous depressions.'⁵⁵
2. A person who has a serious alcohol problem can use amphetamines as an aid to therapy in curbing his drinking habit. 'The amphetamines are used medically in postencephalitic parkinsonism, sometimes in manic-depressive or schizoid psychoses, and to aid in dieting by depressing appetite (perhaps by acting on the appetite control center in the hypothalamus, lessening the sense of taste and smell and, by providing a feeling of euphoria providing a substitute pleasure for the self-indulgence of eating).'⁵⁶
3. It is also used to 'control certain hyperkinetic behavioral disorders of children. Relieve or prevent fatigue in individuals with deteriorated psychomotor performance . . . Enhance the action of analgesic drugs.'⁵⁷

Besides the medical use of drugs there are adolescents who illegally obtain amphetamines and abuse their bodies. Amphetamines may be taken in pills, intravenously, snorted and taken through the genital mucosa. The most popular method is intravenously or "main-lining." "Paranoid psychoses and organic syndromes are seen regularly in heavy 'speedfreaks' who may inject 500 to 1000 mg. at a shot. This is an impressive dose indeed to the physician who prescribes 10 mg. of

⁵⁵"Amphetamines," *Encyclopaedia Britannica* (1962), I, 831.

⁵⁶Lingeman, *op. cit.*, pp. 4, 5.

⁵⁷"Dependence on Amphetamines . . . ," p. 1024.

methedrine by mouth."⁵⁸

The concentration of use centered on mainlining is due to the fact that oral use " . . . usually takes a longer time to produce certain effects, and the problems that develop with the intravenous route are much greater quantitatively."⁵⁹ The danger of bodily harm is not lessened by taking pills. For example, "a single dose of 50 milligrams (ten 5-milligram Benzedrine tablets) when there is no tolerance to the drug, may produce in some persons a toxic psychosis, with hallucinations and paranoid delusions."⁶⁰

The abuser of amphetamines not only harms his body but can harm those around him. Acts of violence are sometimes committed by the amphetamine abuser. "Something that has not yet been sufficiently stressed is that the meth head (methedrine abuser) can be overactive and suspicious, a combination that makes for impulsive acts of violence."⁶¹ The acts of violence on the highways are sometimes caused by the young amphetamine abuser. "The truck drivers (or adolescents) who take amphetamines to stay awake risk severely impaired judgment, psychoses, and accompanying hallucinations which have been the proximate cause of serious accidents."⁶²

⁵⁸Horman and Fox, *op. cit.*, p. 54.

⁵⁹Cohen, *op. cit.*, p. 97.

⁶⁰Lingeman, *op. cit.*, p. 5.

⁶¹Wittenborn, *op. cit.*, p. 136.

⁶²Lingeman, *op. cit.*, p. 6.

In light of all the abuses of amphetamines, it is extremely dangerous not only to the abuser, but also to the people in his environment.

PATTERNS OF ABUSE

Researchers have come to the conclusion that there are four main groups into which the adolescent drug abuser could fit.

Group One. "In the first group are persons seeking the sedative (hypnotic) effects of the drug in order to deal with states of emotional distress."⁶³ Teenagers who abuse barbiturates certainly are common in this group. There are a number of reasons why the adolescent desires to escape, alienate himself from himself and others. The causations are discussed in the next chapter.

Group Two.

In the second group there is a paradoxical reaction of excitation that occurs after tolerance has developed because of prolonged use. The drug now stimulates rather than depresses and is taken to exhilarate and animate the person to so-called increased efficiency.⁶⁴

Group Three.

In a third group are persons who take barbiturates to counteract abuse effects of various stimulant drugs, such as the amphetamines. Some individuals in this group try to achieve both effects simultaneously. The clinical problem, in these cases, is of a dual nature.⁶⁵

⁶³"Dependence on Barbiturates and Other Sedative Drugs," *Journal*, American Medical Association, CXCI (August 23, 1965), 675.

⁶⁴*Ibid.*

⁶⁵*Ibid.*

Group Four.

In the fourth category, barbiturate abuse is found in combination with other types of drug abuse, mainly alcohol and/or opiates. Many alcoholics attempt to counteract the withdrawal effects of alcohol with barbiturates.⁶⁶

It is interesting to note at this point that the symptomology of barbiturate and alcohol abuse are the same. The following information characterizes the barbiturate-alcohol type.

1. Psychic dependence of varying degree that may lead to periodic rather than continuous abuse, especially with alcohol.
2. The definite development of a physical dependence that generally, however, can be detected only after the consumption of amounts considerably above the usual therapeutic or usual socially acceptable levels. Upon the reduction of intake below a critical level, a characteristic self-limited abstinence syndrome ensues, the symptoms of which, in the case of barbiturates, can be suppressed not only by a barbiturate-like agent but also, at least partially, by alcohol. The reverse situation exists in the case of alcohol.
3. The development of tolerance which is irregular and incomplete, so that there is considerable persistence of behavioral disturbance dependent upon the pharmacodynamic effects of the drugs. There is a mutual, but incomplete, cross tolerance of some degree between alcohol and the barbiturates.
4. A frequent consequence of alcoholism is overt pathology in tissues, whereas a similar development with the barbiturates has not been demonstrated.⁶⁷

DRUGS AND SOCIETY

The American society of the late sixties and early seventies has witnessed a tremendous amount of confusion and fear of the drug scene. Marihuana, barbiturates, LSD and other hallucinogenic drug

⁶⁶*Ibid.*

⁶⁷Ronald J. Cantanzaro, *Alcoholism* (Springfield: Thomas, 1968), p. 49.

abusers make the papers every day. Some aspect of drug usage appears in large number of publications seen on every newsstand and in every book store. To combat this rising drug demand, society tries to decrease the usage by creating heavy sentences for the drug user. For example, heavy sentences are given to individuals using mild drugs. In some cases the adolescents are convicted of misdemeanors or at least their names are recorded in police files, but they never see the inside of a courthouse.

The chances of being jailed for using pot are probably less than one in 1,000, National Institute of Mental Health's Dr. Cohen estimates; only about 1% of those arrested on Marijuana charges are brought to trial and convicted.⁶⁸

There is no question that drugs certainly are not only an individual problem, but a problem of society as well. But youth say, "let me do my own thing." Society in reply retorts through legality, but: We don't want you to harm yourself or through the ingestion of drugs harm others. The circular argumentation continues and so also the communication gap between the adolescent and the adult generation. In the meantime drugs are still taken, scientists keep struggling to find the answers and legislators are deep in a quandary.

Notice the laws of California and the omission of the word "rehabilitation" or even the word "help" used for a person selling or using marihuana. "A person under eighteen years of age caught selling marijuana, for instance, would be charged with leading a 'lewd and dissolute life.'" Once under the jurisdiction of the juvenile court,

⁶⁸"Drugs and The Young," *Time* (September 26, 1969), 74.

the person would then be charged with the specific violations of law. For those under eighteen, however, the penalties are different from those over eighteen. In dealing with juvenile drug cases the judge has the following possible courses of action:

1. Dismissal
2. Six months informal supervision
3. Six months formal supervision without wardship
4. Wardship--(a) home on probation; (b) In addition the court may order therapy
5. Juvenile detention (County)
6. Foster home placement
7. Ninety day period of observation at either Napa or Agnew State Hospital
8. Ninety day commitment to California Youth Authority for observation, diagnosis and recommendation
9. Institutional placement
10. Straight California Youth Authority commitment.⁶⁹

It is the opinion of this author that ordering therapy by the courts is not a successful method for helping the pusher or abuser of drugs. In the minds of some youth the appointment of a drug abuser to a therapist is seen as a punitive act instead of a rehabilitative act on the part of the court. When therapy is seen by a counselee as punishment the counselee's resistances sometimes cannot be overcome.

Judging from accumulated data and information, laws have not

⁶⁹René Taini and others, *Drugs Among the Young*, 1968, p. 7.

decreased drug usage among adolescents. Mr. Neil Chayet a counselor at law said, "It has become increasingly apparent that the law has failed to offer constructive means of dealing with the many problems of drug abuse."⁷⁰ Certainly to place more emphasis on controlling the drug abuser does not help him as an individual with his drug problem. And surely the law enforcers see it as a losing battle when "450 arrests for marijuana violations"⁷¹ take place each month in California. These are arrests of people with no previous drug records. In view of this the laws become a challenge to some and to others a chance to rebel against the older generation by whom they feel suppressed. Sometimes a law " . . . merely increases their [the abusers] nervousness and separates them from adults; it builds in them a ghetto mentality, a sense of random suppression and isolation."⁷² (This last point is discussed in the following chapter in greater depth.) The drug user is saying to society I am human and not a computerized machine.

I am not an object or a machine. I am regardless of how you try to regulate my conduct--an individual. If I can express my rage at the way you exploit me and negate my humanness only by destroying myself, then destroy myself I will.⁷³

The war continues between society and the adolescent drug abuser. Take, for example, the marihuana vs. alcohol debates. Unfortunately the youth says to the adult society, "Look at your problem with alcohol. Why don't you clean up your problem first and then we

⁷⁰Wittenborn, *op. cit.*, p. 236.

⁷¹Bloomquist, *op. cit.*, p. 350.

⁷²Cohen, *op. cit.*, p. 65.

⁷³*Drugs: For and Against* (New York: Hart, 1970), p. 107.

will look at the seriousness of your concern." There is no question but that alcohol is a problem of all of society, youth included. Many youth come from homes where alcoholism is a problem. But:

Society has elected to tolerate six million alcoholics and at least double this number of victims in their families. Society has elected to tolerate the heavy cost to industry in the loss of executive efficiency, and to endure the thousands of vehicular homicides and injuries suffered by innocent persons yearly.⁷⁴

Fortunately youth are realizing that they are part of society and society is inviting youth to have more voice and leadership in decisions that affect all of society. In spite of this trend laws are still the responsibility of adults, and youth still have little voice in the punishment that is given to them for using drugs.

Laws are like a thermometer of a society's climate. Certainly this author acknowledges presently that the temperature gauge from a legal standpoint is very hot. The heavy sentence for the use of marihuana is evidence of some confusion in the legal department of the dangers of marihuana. Fortunately President Nixon on October 20, 1969, proposed that " . . . the penalty for possessing narcotics and dangerous drugs be reduced to misdemeanor size."⁷⁵ This high penalty for the use of marihuana has had its effect on the whole business of legality.

Many lawmakers, lawyers, and judges have observed that the harshness of the drug laws, particularly the marijuana laws, has created a lack of respect for the law in general and, in turn, a threat to our whole legal system.⁷⁶

⁷⁴*Ibid.*

⁷⁵"Reduced Penalties for Drug Users Asked by U.S." *Philadelphia Inquirer* (October 21, 1969).

⁷⁶Coles, *op. cit.*, p. 158.

If this is so what can be done?

First of all it is most important that titles are of central importance in convicting a person of a crime. Michael Rosenthal recommends a number of alternatives on titling and penalizing a marihuana abuser.

Use and being under the influence of marijuana should at most constitute a civil 'violation' with the only sanction being a substantial fine or, in addition, a period of probation, satisfactory completion of which would result in reduction or remission of the fine, or violation of which might lead to an increase in the fine.⁷⁷

He goes on to state that imprisonment or the establishment of a criminal record should not take place.

Our society secondly should establish many more studies on drug abuse. The effect of barbiturates, amphetamines and hallucinogenic drugs are hard to detect in the human body. The last statistic obtained for this thesis states that the National Institute of Mental Health is conducting fifty marihuana research projects, but only a few do any scientific investigations on humans.⁷⁸

Thirdly, society throughout its many agencies should help to rehabilitate the drug abuser. Law, medicine, and research teams must join forces to seek the truth about drug problems affecting the individual in society. Unfortunately the egotism of these disciplines has minimized their cooperation. It must be laid aside in order to combat more effectively the drug problem today. "The traditional task of

⁷⁷Wittenborn, *op. cit.*, p. 271.

⁷⁸"Drugs and the Young," p. 78.

the law is to see that the individual does not harm others; the traditional task of medicine is to see that the individual, himself, does not encounter harm."⁷⁹ By putting together these traditional purposes, law, medicine, and researchers can approach the truth regarding the effects of drugs on society and the individual in society.

Fourthly, the government must set aside more grants for the financing of research into the physical and psychological effects of drugs on the body. It is obvious through the scarcity of material and the contradictions among researches and government, that carefully done research projects need to take place. Unfortunately the teenage abuser suffers because he senses the contradictions and sees little evidence pointing to the seriousness of the drugs he is using.

⁷⁹Wittenborn, *op. cit.*, p. 307.

CHAPTER III

THE PSYCHOLOGICAL CAUSATIONS FOR DRUG ABUSE

The pastor who desires to change the social problem of drug abuse should understand thoroughly the causes for youth taking drugs. Much of the changing of the direction of increasing drug abuse must take place in the pastor's office as well as in the community he serves. And certainly the community needs all the assistance it can get to combat drug abuse. The drug problem is serious and the reasons for taking drugs are abundant. The writer found from the Ministerial Survey nineteen reasons why adolescents take drugs. It should be added at this point that these were reasons observed and reported by the counselors.

The major reason or cause which the fifty-five pastors saw for a teenager taking drugs was the "peer group pressure." Twenty-five counselees experienced this as the major pressure for youth ingesting drugs into their systems. "Alienation" was the second cause of adolescent drug abuse. Approximately twenty-two felt alienated. The classifications of "experimentation" and "curiosity" are closely allied and are treated as one reason for usage in the section on Miscellaneous Causations.

Besides an understanding of psychological causes a counselor needs a thorough-going comprehension of the psychological makeup of the adolescent. Sometimes the motivation towards drug abuse within adolescents arises out of a teenager's state of limbo, a state common

to the transition stage of development in this age group. Adolescence is an extremely difficult stage in life when pressures and emotions are amplified. This stage has often been referred to as the storm and stress period in life.

THE ADOLESCENT AS TRAVELER

The term adolescence is derived from the Latin verb *adolescere* which means 'to grow up.' The period of transition from childhood to adulthood or from dependence on adult directions and protection to self-direction and self-determination is referred to variously as adolescence, adolescent age, or adolescent period of development.¹

The adolescent is a traveler on the ship of life.

He has left the shore of childhood and is in the midst of life often by himself or sometimes with his peers. His goal is to reach the shore of adulthood with all of its freedoms and limitations, joys and frustrations, responsibilities and consequences, autonomy and dependence, family life and individualization.

The shore where infancy and childhood existed influences his entire life. The "school age," as Erikson refers to it, is a time of dependence.² Psychologically the "school age" stage is denoted when teaching the child is begun. From the time the "school age" child is five to adulthood, the education system is central in his life. "The child's key growth task during this stage is to achieve a sense of

¹Lester D. and Alice Crow, *Adolescent Development and Adjustment* (New York: McGraw-Hill, 1965), p. 4.

²Erik H. Erikson, "Identity and the Life Cycle," *Psychological Issue*, I (1968), p. 120.

'industry'--derived from beginning to acquire the skills which will be useful to him as a man or woman."³

Along with the teaching by words, the activation of the male-female identification is important in the growth process. Each parent projects as an example of one role or the other in his environment. The projection of the adult understanding of maleness and femaleness is crucial in the "school age" stage, for:

The fate of childhood identifications, . . . depends on the child's satisfactory interaction with a trustworthy and meaningful hierarching of roles as provided by the generations living together in some form of family.⁴

As the "school age" comes to a close adolescence starts. There are many signs of adolescence both from a physical and psychological nature. The physical appearance in all its adolescent change effects the teenager's self-image. When he does not feel that he projects a good self-image the pressures of groups and individuals can influence his behavior.

The age of course varies for adolescence and is dependent upon a number of factors. There is a wide divergence of opinion as to when adolescence actually begins. The Group for the Advancement of Psychiatry states that:

The age at which puberty is declared to begin depends in part upon the criteria of onset. In girls, breast budding and the beginning growth of pubic hair occur at an average age of

³Charlotte H. and Howard J. Clinebell, *Crisis and Growth* (Philadelphia: Fortress Press, 1971), p. 28.

⁴Erikson, *op. cit.*, p. 113.

10 to 11 years. . . . In boys, the beginning of growth of pubic hair and of enlargement of the testicles occurs usually during the ages of 12 to 16 years. . . .⁵

The authors, Crow and Crow, in *Adolescent Development and Adjustment* make the following historical observation on the beginning of adolescence. "In modern Western societies adolescence includes the years approximately from age 12 to 19 or older."⁶ This author agrees with the observation of Crow and Crow on the approximation of adolescence.

Upon entering this stage of development an actual emotional separation from parents begins. The world around the adolescent becomes enticing so he launches from the shore of childhood and "school age" to a world of unpredictable surprises. Some of these surprises are joyful, but many of the surprises are frightening through the voyage of self-discovery. In fact, these surprises often cause numerous fears or worries about the many areas in life.

ADOLESCENT WORRIES IN VARIOUS LIFE AREAS

<u>Life Area</u>	<u>Male Worries</u>	<u>Female Worries</u>
School Life	Homework Getting along with teachers Tests Marks Failure Reciting in class Grade for parents' sake College entrance Being accepted	Homework Getting along with teachers Tests Marks Failure Reciting in class Parents' attitude toward grade Being accepted College entrance

⁵Group for the Advancement of Psychiatry, *Normal Adolescence* (New York: Charles Scribner's Sons, 1968), p. 21.

⁶Crow, *op. cit.*, p. 4.

Home Life	Arguments with sister or brother Arguments with parents Arguments between parents Strict parents Conflicts with parents Arguments about dating Treated unjustly	Younger brothers get what they want Parental domination Parents object to going steady Conflicts with parents Fear of mother Conflicts on values Arguments in home
Boy-girl relation- ships	How to get a date Girls I like don't like me Girls cost too much How to be invited to parties Mother objects to my going steady How to have a girl go steady Inability to dance Does girl love me? Girls of another religion How to forget girl who jilted me	How to meet new friends Boys I like don't like me How to be popular Boys are too demanding I would like to go steady Loss of boy friend Behavior of boy friend Sexual relations to maintain Girls who try to steal boy friend How to get over love for boy How to refuse a date tactfully
Friends	Are they true friends? Friends may not like me To be worthy of good friends How to make friends To be popular	Are they true friends? Not to let friends down To be popular How to be a leader in a group Feelings of inferi- ority
Vocational	State of indecision How to get a job	State of indecision How to get into show business

Religion	Should I marry out of my religion? Indecision Not attending religious services	Should I marry out of my religion? Doubt about religious values Fear parents will discover that I wish to change my religion
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Health	How to grow more How to lose weight Pimples Disease	Thinness and smallness Fear of losing good health Disease Illness tendencies ⁷
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Adolescence is a period in life when a tremendous amount of energy is generated, energy to be used creatively or non-creatively.

Adolescents thus are prone to act impulsively in all sorts of ways, many of which will appear to be pathologic. Impulsive behavior in adolescence, particularly in the male, contributes to the fact that accidents constitute the major cause of death in the age group 15 to 19 years.⁸

Through his behavior the adolescent is seeking answers about his own limitations in the journey through a difficult and trying period of development.

There is no question that while the adolescent drug abuser travels out on his own he has countless questions, questions that center around "Who am I? What will be my purpose in life? How can I change the world where my parents or other adults messed it up?" Through trial and error, and through associations with his peers and

⁷*Ibid.*, p. 145.

⁸Group for the Advancement of Psychiatry, *op. cit.*, p. 25.

some adults the adolescent seeks to find the ultimate truths for his life.

It is the nature of adolescence to seek new and exciting experiences, to question self, family, and society, to try on and discard new guises of behavior, to reconcile opposing pulls and strains, and to act like child and adult.⁹

The adolescent searches through many agonizing experiences to find from his environment answers to his endless questions as he travels in this transitory state.

The adolescent realizes in his searching that he can insist upon having freedom even if it is against the standards of his peers or adults. Freedom is extremely important. In fact he fights to keep it. He will rebel against those who try to take it away, while at the same time doing his own thing. In using marihuana for example teenagers know that they have the choice of going to harder drugs, but marihuana does not force them to take heroin or other drugs. As one teenager said:

Who the hell thinks pot will lead to the needle? That's up to you. If you're heading for the needle, you are. If you're not, they couldn't make you touch a needle even if they pay you-- and there are pushers who will.¹⁰

Youth in today's society is very sensitive to freedom, especially at the point where a choice of the use of drugs is concerned.

⁹"Dependence on Cannabis (Marijuana)" in Richard E. Horman and Allan M. Fox, *Drug Awareness* (New York: Avon, 1970), p. 231.

¹⁰Robert Coles, Joseph H. Brenner, and Dermot Meagher, *Drugs and Youth* (New York: Liveright, 1970), p. 91.

PEER GROUP PRESSURE

The Ministerial Survey asked the question, "What are the general causes for drug abuse among adolescents?" The major cause seen by the survey respondents was "peer group pressure." Twenty-five of the counseling pastors' counselees used drugs because of the "peer group pressure." Fritz Redl, a psychoanalyst, states that the peer group often first introduced an individual to drugs. "If we piece together the stories told by some of the rehabilitated kids, we learn that their first exposure to hard drugs occurred under the blackmail of this peer group code."¹¹

The peer group has various codes for the person considering the usage of drugs. First of all, the group offers acceptance or a sense of belonging. During adolescence the importance of being wanted and loved is central. A second need is for a feeling of commonality. Many of the group members share the same journey in this stage to adulthood. All are asking and searching for the meaning which creates a feeling of commonality. And certainly membership in a group with peers is a place to find identity questions and answers.

A third classification is that a teen does not like to be a loner but part of a group. In a high school where the author counseled teenagers he was told of the different groups in the student body. There were the Surfers--those obviously who surfed in Newport, Laguna

¹¹"Fritz Redl," in *Drugs: For and Against* (New York: Hart, 1971), p. 119.

and other neighboring beaches. Then there are the Soc's--who are involved in social climbing, and the Mr. and Miss Popularities.

The group acceptance has a magnetic power to it. With the expression of individual identity such as beliefs, hair style, and clothing fashions the peer group offers a breather from the continual battles of individuality with society, family and some peers. The peer group gives a central feeling of relationship which is not found in the family unit at times. For example, when a crisis occurs, the adolescent drug abuser more often turns to friends than to members of the family, unless a member is using drugs.

This is a short illustration of the meaning of friendship and acceptance which a peer group freely gives.

Interviewer: When you split (left home), where did you live for the next six to eight weeks?

Kid: Oh, with my friends, of course.

Interviewer: Who are those friends? You call them friends, what did they do for you?

Kid: Who were they? Frankly, I don't remember. There was one boy in a green sweater, and then I remember one etc. etc. Oh, yes, you asked me why I call them friends? Because they were! Oh you mean what they did for me? Plenty!¹²

Central themes that recur throughout this group experience for this boy were those of refuge, a place of acceptance, protection and gift giving (that of drugs). In essence by a teenager moving into a group he is moving into a "social system of teenage society."¹³ This

¹²*Ibid.*, p. 121.

¹³Fritz Redl, "Adolescents--Just How do they React?" in Gerald

system offers a refuge from many of the stresses and strains of the world around them. Fritz Redl sees the group for adolescent drug abusers as a womb and a home base. He states:

How this may range all the way from offering people temporary acceptance feelings by their peer to immersing oneself into something like the 'group womb.' . . . For others, the group seems to play yet a different role: rather than being a refuge, it seems to function as a home base from which to foray aggressively and sometimes predatorily, into territories to conquer.¹⁴

ALIENATION

The counselors of youth who were surveyed saw alienation as the second major cause of drug abuse among adolescents. The survey found that twenty-two counselees took drugs because of alienation.

Alienation has basically a two-fold meaning. Alienation is (1) cutting off relationship with the world,

. . . alienation embraces the sociological concept of anomie (retreat from life as a result of the gap between the cultural norms and the abilities of individuals to act in accord with them), despair, depersonalization, loneliness, rootlessness, a sense of meaninglessness, atomization, hopelessness or pessimism, and a loss of values or beliefs.¹⁵

And (2) not experiencing oneself or oneself in relation with others. This could be caused by so much pain that an inward numbing takes place. The parents who continually gripe, set up standards for their

Caplan and Serge Lebovici (eds.), *Adolescence* (New York: Basic Books, 1969), p. 91.

¹⁴*Ibid.*

¹⁵Joel Fort, *The Pleasure Seekers* (New York: Bobbs-Merrill, 1969), p. 202.

adolescent and fail to set up parallel standards for themselves cause the adolescent to consciously or unconsciously opt for alienation. Drugs offer a person the choice to cut one's self off from the world to have inward freedom and acceptance of oneself, a thing which the world sometimes does not offer (to the adolescent drug abuser).

The world is lost beyond and within, and the young try like amateur gods to will into being, with drugs, what Black called a 'crystal cabinet': a visionary reality in which one is truly alive and at home, both welcome and free.¹⁶

But why does the teenager seek alienation from the world, or see another reality which is dangerous to the adolescent's physical and psychological well-being? Turning away from or off people is unquestionably for a purpose. With the adolescent drug abuser the world is not pleasant.

The attraction of drugs and subcultural activities within which the 'drug experience' plays an important role is precisely that they allow the illusion of intense and immediate experience that is almost totally and safely referential to the self and not to the world.¹⁷

The world is dark and something which adolescents feel helpless to change. "It is not that they 'drop out,' but that they haven't as yet been 'turned on' by the world."¹⁸ So this gradual turning off of the world is presently symbolized by the apathy of some youth toward institutions including the church and the family and by some other

¹⁶Peter Marin Cohen and Allan Y. Cohen, *Understanding Drug Use* (New York: Harper & Row, 1971), p. 14.

¹⁷William Simon, "Children of the Drug Age," *Saturday Review*, (September 21, 1968), 76.

¹⁸*Ibid.*

youth with the use of drugs.

It is interesting to note that often parents place the blame on the drugs alone. Roszak in his book entitled *The Making of a Counter Culture* said:

Unwilling to blame themselves for the alienation of their children, mother and father have decided to blame the drugs. And the more banners the young fly for dope, the more the adult society is hardened in its hostility to what is essentially an epiphenomenon of youthful rebellion.¹⁹

As the banners increase so also the stringent laws increase which again widens the distance between youth and adults. The adult shore of reality is not inviting to the rebellious youth. He finds comfort through the use of drugs which allow him to withdraw from the constant conflict. We see then that often the "helpful adult" who tries to fly the banners against the drugs simply goes about it the wrong way, and in turn the youth finds more reasons to jump on their peer bandwagon against achieving the goal of the distant shore of adulthood--a shore they will involuntarily have to land upon in the near future.

The youth chooses alienation from the adult world not only to rebel but because of a desire to "be himself." He is not sure what it means to be himself so he continually searches for his identity. While he travels this identity journey he says by his words and action, "I want to be on my own, to be my own, not led by anything or anyone." But this journey has negative consequences because people want to tell him what to do and who to be.

¹⁹Theodore Roszak, *The Making of a Counter-Culture* (New York: Doubleday, 1969), p. 172.

Today we have a nation of souls who are being led, instead of leading; led by the mass media, led by the automatic functioning of a giant profit-and-loss economy, led by a huge military establishment, led by an enormous secret-service organization, led by a President whose powers--as Charles Beard warned--exceeded anything that Caesar could have imagined.²⁰

Involvement in the adult world or even contemporary society is not desired by many adolescents for individuality is lost in the maze of those who lead and are threatened by the leadership of youth. Therefore, being turned on to a world where individuality is led by the media, the affluent, institutions and an unpopular government is not something to turn on to, but away from into a reality where one can be in control.

The youth who travels into a reality on drugs feels tremendously alienated. He feels alienation from the phoniness which he sees in others and expresses to others.²¹

It is an almost isolation of the ego without connection to others or the soul: a profound cultural anomie experienced as a distressed yearning not only for comrades but for the emotions locked within the self.²²

MISCELLANEOUS PSYCHOLOGICAL CAUSATIONS

The remaining psychological causes of drug abuse are reported in the survey in what the author calls the pain or pleasure categories.

²⁰Ernest Becker, *Beyond Alienation* (New York: Braziller, 1967), p. 115.

²¹Kenneth Keniston, "Heads and Seekers," *American Scholar* (Winter 1968-1969), 103.

²²Cohen, *op. cit.*, p. 14.

For varied reasons the youth choose to travel into the drug reality for pain or pleasure. Enjoyment, experimentation, and curiosity are exciting pleasurable reasons for some teenagers who are introduced to drugs by a group or an individual. Another reason the adolescent travels into the drug reality is to get away from the pains he encounters in his developmental stage. If the teen is unable to cope with the "Political, Social, and Cultural change . . ." drugs offer another option instead of facing the changes. As mentioned earlier, adolescence is a difficult time in regard to physical and psychological growth. Problems of "self-esteem," "fragmentation," "loneliness," "boredom," "lack of meaning" are all unpleasant realities which tempt the teenager to quick escape through the drug reality. (The preceding quotes are found in the Ministerial Survey--see Appendix.)

PLEASURES SOUGHT THROUGH DRUGS

Drugs to countless youth, offer enjoyment. When youth smoke pot, for example, they do it in the presence of a group. As stated earlier in this chapter, group identity and membership is extremely important to the adolescent. Sharing something in common establishes within a teenager a feeling of "being in contact with another person." Being in contact is a basic need of any human personality and truly a great need of the adolescent abusing drugs excessively. Smoking with others gives the adolescent drug abuser a feeling of acceptance, love and security.

When security is experienced with others or by oneself,

experimenting in drugs is not as frightening. Finding the ultimate or penultimate in truths regarding life is a high goal teenagers set before themselves. They try to understand the meaning of life which includes the relevance of religion. Questions regarding the life and ministry of Jesus are asked by some youth, while others try to obtain the answers to their religious questions through drugs and some do both.

Many of the young believe that drugs lay the universe bare or at least release us momentarily from habit and logic so that we can discover what is always present but rarely perceived. The rhetoric about drugs is sometimes the language of religion; LSD has been called a sacrament, and marijuana is sometimes used, as in India, as a meditative device.²³

Other youth are curious to find new answers about themselves. Curiosity about unknown realms of their own selfhood provides a freeway into the inner person and thus fulfilling countless curiosities.

PAIN AS A CAUSE FOR DRUG ABUSE

If the adolescent has not found something new he feels bored and frustrated. He feels frustrated from the pressures of school, parents, current events, war in Vietnam, the system, and his own inability to cope with these frustrations. Coping with the problems of life is very hard for a person who is young and does not know the avenues for resolution of conflicts and pressures within oneself.

Dr. Phyllis Kempner, a clinical psychologist who works with drug abusers of many kinds in San Francisco's Haight-Ashbury district, says that many of the kids who are most deeply into

²³Cohen, *op. cit.*, pp. 24-25.

mind changing chemicals 'have been troubled long before taking drugs. They have taken drugs to help them cope with these difficulties.' Particularly during the vulnerable years of adolescence, drugs can be a way of evading the painful process of growing up.²⁴

While growing up the adolescent experiences this period in his life, as a lonely venture. He feels caught by himself in the tension of a polarity. One side of him experiences the opportunity to return . . . to a state of dependence while on the other side he sees the shore of adulthood. Unfortunately his peers have influenced his own dislike of the adult role which to many adolescents is seen full of double standards and hypocrisy. Therefore drugs offer the adolescent a trip away from decision-making or at least an opportunity to postpone decision-making until another time.

Besides loneliness other personal problems cause the use of drugs among adolescents. All the causes of drug abuse were obviously not revealed by the survey or those surveyed. The *Narco Priest* or Father Roland Melody tells the story of a visit to the emergency ward in a New York City hospital. While he was there he visited a girl (possibly a teenager) who took pills for various reasons.

The inclination to reach for pills in the face of every tension is a growing mania among our youth. A life based on such a pill reflex is a blurred fiasco and a ticket to insanity. I stood in an emergency room once and watched a girl in the agony of barbiturate withdrawal. Her suffering was so great you wondered how there could be any shred of sanity left. I tried to talk to her and her eyes blazed as if her soul was on fire. She weighed

²⁴"Drugs and The Young," *Time* (September 26, 1969).

only 110 pounds, but she squeezed my hand until I thought every knuckle would break. Pills were supposed to help her escape the world's pain, but there is no escape.²⁵

²⁵Father Roland Melody, *Narco Priest* (New York: World, 1971), p. 57.

CHAPTER IV

THE PASTOR'S RELATIONSHIP WITH THE ADOLESCENT DRUG ABUSER

The author would like to explore two theological images of the minister in a counseling relationship with the adolescent drug abuser. The images are "minister as acceptor" and "minister as reconciler." Certainly these concepts should be central in the relationship of minister and adolescent. As mentioned in the previous chapter the adolescent travels often in the midst of tremendous pressures, unsure of the pathways he should choose. But if the adolescent senses someone beside him, his loneliness is lessened and his own inner resources are sometimes utilized to resolve his personal problems. This offers the minister the opportunity to express unconditional loving acceptance of the adolescent which is important in a human relationship.

Drug abusers experience division from other persons, themselves and God. When this occurs their feelings are amplified compared with youth who have parents sensitive to their needs to help them resolve growth tensions. The word division or dividedness is explained by Heidegger when he says:

. . . that man's nature--his 'lower' and his 'higher,' his creatureliness and his godlikeness, his negative and his positive--is a basic part of our humanness. This he calls 'dividedness' and this is a permanent part of our being, of our human existence as differentiated from all other animals.¹

¹Aaron J. Ungersma, *Escape from Loneliness* (Philadelphia: Westminster Press, 1969), p. 69.

The "minister as reconciler" is extremely important to the youth who is feeling a sense of inner division. A pastor can be an effective agent of reconciliation in helping the divided selves within the adolescent to move toward wholeness.

It is the opinion of this author that no adolescent desires to continue running away from resolving his inner divisions. When a teenager is whole he is in contact with his own feelings and thoughts. He is relating to his neighbor and contributing to the welfare of others, while also obtaining pleasure. In essence he is able to give and to receive love. A divided adolescent has extreme difficulty in loving others and therefore suffers. Ross Snyder in his book, *Inscape*, describes the suffering divided teenager when he says:

He is working away at problems. He has fears. He wonders how he is doing. Often he doesn't feel too good about how he is doing; and he finds that he can't respect or be a good friend of himself. When he feels that way about himself, he has a hard time loving others. When he doesn't feel good about himself and finds it hard to love others, he suffers.²

The minister who senses this suffering and builds a relationship with a divided teenager is tapping the capacity of the adolescent to love others. In a counseling setting for example the teenager is building his own self-esteem by relating his inner self to another person, for one truly knows himself by experiencing himself in relation to another person. When a teenager finds that he gets "stuck" or hung-up on one problem which prevents meaning growth, he becomes

²Ross Snyder, *Inscape* (Nashville: Abingdon Press, 1967), p. 42.

alienated. Unless he becomes freed from his inner "stuckness" he will never travel out of adolescence into a functioning selfhood. Freedom in itself is really important to the "traveler," for by being free he has the choice to establish autonomy, which is a central goal of the adolescent. Finally, while dealing with the desire of youth to escape his dividedness and helping him to come to the point of giving himself to love others, the pastor should at all times communicate the Christian message to the drug abuser. This is not done by sharing theological treatises, but by sharing the Christian message with the drug abuser through the Christian action of "accepting love." "For as a minister he tries to communicate the healing power of the Christian message which is the power of reconciliation of the estranged and reunion of the separated."³ When the adolescent hears or experiences this power throughout his whole being, drugs become secondary in his life.

MINISTER AS ACCEPTOR

The minister as acceptor can have a tremendous impact on the teenage drug abuser. As discussed in the previous chapter the acceptance by other people is extremely vital in the life of the adolescent traveler who is divided in his personality. It is this acceptance or non-acceptance that is an added factor to whether the divided personality takes drugs, returns to the shore of dependent relationships or

³Hans Hofman (ed.), *Making the Ministry Relevant* (New York: Charles Scribner's Sons, 1960), p. 25.

grows toward adulthood. The minister who feels accepted and can express acceptance to others could be the most effective agent within the life of an adolescent who is blocked from growth and therefore takes drugs.

The ministry of acceptance is defined as the minister loving the adolescent as a fellow creation of God's while also liking or disliking his actions. Only God can do this. Regardless of how many drugs the teenager buys, sells or uses, the minister's love and acceptance for the adolescent does not change. Another way of saying this, but in Client Centered therapeutic terms is " . . . he does not simply accept the client when he is behaving in certain ways, and disapprove of him when he behaves in other ways."⁴ It should be clearly understood that the relationship does have some extenuating conditions. To begin with the minister and the adolescent can terminate the relationship when and if they want to, but the love still remains. This is a crucial point. If the teenager knows that he is still loved and not rejected because of his actions, acceptance is still felt.

A second condition for the relationship is authenticity. For both persons to experience each other they must express authenticity to each other. Authenticity is a disclosing of oneself--being emotionally naked--not hiding the real self. When a minister is not authentic or plays a role it is quickly spotted by the teenager, for the adolescent has seen phony roles in the adult generation and even

⁴Carl Rogers, *On Becoming A Person* (Boston: Houghton-Mifflin, 1961), p. 62.

in his own peers who also travel toward self-identity. His continual search for identity models takes place in his major relationships. In a phony relationship manipulation sometimes occurs. Manipulation presupposes non-acceptance of the behavior of a person. When one manipulates, they try to change the actions of another person and then accept them. If a minister counsels, acceptance should be affirmed and any problems which occur relating to acceptance must be discussed. A drug abuser who comes to counseling and senses that the pastor does not accept him because of his long hair should communicate the feeling of distance to the pastor. On the other hand if a pastor senses non-acceptance of any part of the counselee, he in turn should communicate his feelings to the counselee.

It is important for a pastor not only to have a psychotherapeutic understanding of acceptance but a theological understanding of acceptance as well.

Acceptance occurs in the Bible as a significant theological theme. In Matthew 10:40 the scripture reads, "He who receives you receives me, and he who receives me receives him who sent me." These familiar words were spoken by Jesus to his disciples. When a person accepts the life and ministry of the Historical Jesus he accepts Christ as the "truth." Jesus was teaching that to receive a person meant to "accept (a person) as true." Therefore when a minister accepts a counselee as he presents himself he is accepting the person as true and Christ is the basic truth. The minister is not the essence of acceptance, but a communication system of God's acceptance through

Christ. Through the pastor to the counselee, the minister communicates God's acceptance in what Thomas Oden calls "the proclamation event."⁵ This word event runs throughout the therapeutic process and can be placed in a syllogism:

- (a) If, in order to be effective, psychotherapy must mediate an accepting reality which is grounded in being itself;
- (b) if the accepting reality in being itself has disclosed itself in an event to which the Christian proclamation explicitly witnesses;
- (c) the implicit ontological assumption of all effective psychotherapy is made explicit in the Christian proclamation (event).⁶

Christian proclamation is often thought of as preaching God's word. This is true, but preaching is the proclaiming of ideas, whereas in therapy the proclamation that we are accepted by God is made by a word-event or action in the therapy session.

The "you are accepted" concept has a theological identification described as GRACE. Grace is freely given by God and is proclaimed in the word event in a session between a minister and an adolescent drug abuser. When a minister freely gives acceptance he is sharing God's grace with another person.

Paul Tillich states in clear and concise words the meaning of grace.

In grace something is overcome; grace occurs 'in spite of' some thing; grace occurs in spite of separation and estrangement. Grace is the reunion of life with life, the reconciliation of

⁵Thomas Oden, *Kerygma and Counseling* (Philadelphia: Westminster Press, 1966), p. 24.

⁶*Ibid.*

the self with itself. Grace is the acceptance of that which is rejected. Grace transforms fate into a meaningful destiny; it changes guilt into confidence and courage.⁷

When the adolescent drug abuser experiences this from another person new hope in a "here and now" reality sounds more meaningful than when a peer group shares only one commonality, and that is drugs.

Along with grace is the idea of freedom in a relationship. "God enters man's life out of pure grace because he gives himself freely and because he gives freedom as potency and also as act of his acceptance."⁸ Grace is given freely. The event of Christ's gift of freedom is given to the counselee when the minister accepts God's acceptance of himself for others. But it should be emphasized that freedom to be ACCEPTED is the adolescent's and the minister's choice. " . . . freedom has only understood and realized itself when it accepts God and the neighbor in him. But we know what God is and who our neighbor is only if we know freedom and have accepted it."⁹

The best example which refers to freedom in accepting others is the parable of the Good Samaritan.¹⁰

⁷Paul Tillich, *The Shaking of The Foundations* (New York: Charles Scribner's Sons, 1948), p. 156.

⁸Karl Rahner, *Grace In Freedom* (New York: Herder and Herder, 1969), p. 260.

⁹*Ibid.*, p. 261.

¹⁰Unfortunately scholars do not know of a passage which explicitly refers to adolescence in the Old or New Testaments. The Bible does not give age levels as modern man often does to Biblical stories. Scholars do know that, "It is probable that the term 'youth' was sometimes used merely to denote immaturity. Several Biblical personalities refer to themselves disparagingly as 'young,' (i.e. Jeremiah)." "Youth,"

But he (a lawyer), desiring to justify himself, said to Jesus, 'And who is my neighbor?' Jesus replied, 'A man was going down from Jerusalem to Jericho, and he fell among robbers, who stripped him and beat him, and departed, leaving him half dead. Now by chance a priest was going down that road; and when he saw him he passed by on the other side. So likewise a Levite, when he came to the other side. But a Samaritan, as he journeyed, came to where he was; and when he saw him, he had compassion, and went to him and bound up his wounds, pouring on oil and wine; then he set him on his own beast and brought him to an inn, and took care of him. And the next day he took out two denarii and gave them to the innkeeper, saying, "Take care of him; and whatever more you spend, I will repay you when I come back." Which of these three, do you think, proved neighbor to the man who fell among the robbers?' He said 'The one who showed mercy on him.' And Jesus said to him, 'Go and do likewise.' (Luke 10:29-37)

The question that is so often confused in understanding the meaning of this passage is not "Who is my neighbor?" but "to whom am I a neighbor?"¹¹ This question is a here-and-now reality-oriented proposition, not something which is put off. When the pastor does not accept the adolescent drug abuser in an attitude of love while counseling the abuser, the minister is not listening to this parable. "The commandment to love our neighbor is in effect now, regardless of time, place or circumstances. Jesus' interpretation of the commandment of love is radical and unconditional,"¹² for the love shown by the Good Samaritan was freely given and accepting of this man in human need. The Levite and the priest rejected the man who non-verbally asked for their help, while the Good Samaritan responded immediately.

The Interpreter's Dictionary of The Bible (Nashville: Abingdon Press, 1970), IV, 925.

¹¹Heinz Vonhoff, *People Who Care* (Philadelphia: Fortress Press, 1960), p. 16.

¹²*Ibid.*

Another meaning of this passage to the "minister as acceptor" is that he must respond to the whole person. The adolescent drug abuser must be looked at as a whole individual by what he communicates verbally as well as non-verbally. The minister must not respond to one message communicated on just a non-verbal or just a verbal level. Instead he should check out confused communication at all times because what a teenager relates verbally might not be what he authentically feels inside of himself. The minister must be congruent in the messages he conveys on the two levels of non-verbal and verbal communication or acceptance might not be understood by the receiver. Undergirding a counselor's communication are his attitudes toward the counselee. Attitudes are inner positions which, when activated, determine behavior. Basically three attitudes exist in counseling. The first two attitudes are within himself and the third attitude is toward the counselee.

1. The attitude of the minister toward himself.¹³ If a counseling pastor has personal problems in relating with others they will inevitably hamper or cause blocking in the counseling sessions. Therefore his effectiveness as a counselor is limited. If a minister does have a sense of identity and acceptance toward himself this in turn is communicated to the adolescent abuser.

2. The minister's attitude toward his own vocation while in relationship with the adolescent drug abuser effects the relationship.¹⁴

¹³Wayne E. Oates (ed.), *An Introduction to Pastoral Counseling* (Nashville: Broadman Press, 1959), p. 57.

¹⁴*Ibid.*, p. 58.

If, as someone has put it, 'a man's religion is the most important thing about him,' it is certainly true that for the pastoral counselor the most important thing is the understanding which he has of the ultimate reality which he represents.¹⁵

3. The attitude the minister expresses to the adolescent in need is crucial to his effectiveness in helping a person through a crisis.¹⁶ If a pastor dislikes the complete individual the growth of the counselee is minimal.

MINISTER AS RECONCILER

Life is in a constant stream of development. Each age, each period of development, has its own developmental tasks which, if handled well, lead to growth and adjustment at the next stage; if not they lead to tension, frustration, limitation and difficulty.¹⁷

The adolescent drug abuser is a person divided within himself. He searches within his peer group, society, and within himself to experience wholeness. He is searching for the self which is not divided with loneliness, frustration, guilt and other anxiety producing feelings.

The central role of the minister of reconciliation is to facilitate within the adolescent continual development void of the "if nots." This requires the minister to be sensitive or in essence know the inner life of the adolescent.

¹⁵*Ibid.*, p. 57.

¹⁶*Ibid.*, p. 59.

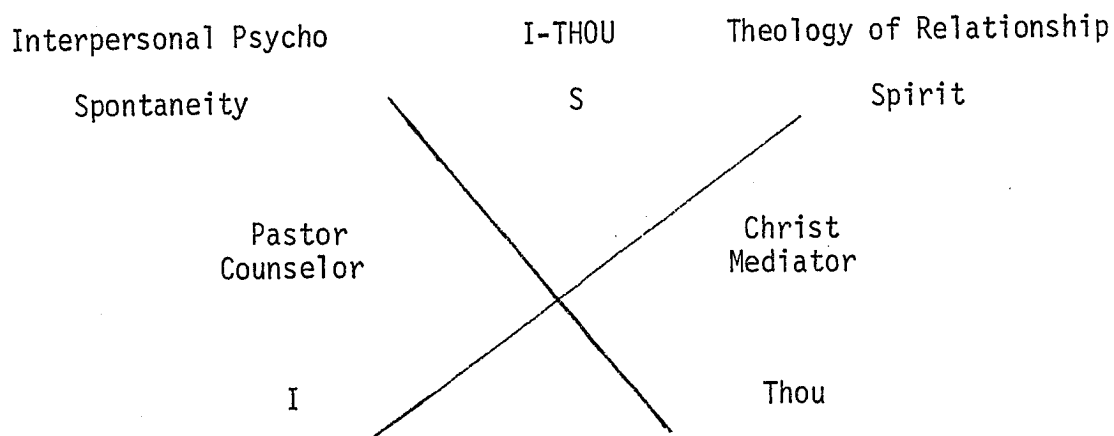
¹⁷Charles F. Kemp, *Learning about Pastoral Care* (Nashville: Abingdon Press, 1970), p. 69.

John 10:14-15 teaches the pastor the importance of knowing and loving the adolescent as a separate individual.

'I am the good Shepherd; I know my own and my own know me, as the Father knows me and I know the Father; and I lay down my life for the sheep.' The disciples were called to carry on the pastoring work, which has become the mission of the church to continue the ministry of healing and reconciling love.¹⁸

The teenager needs reconciling love to weld the divisions within himself. As a finite being God's reconciling love offers the solder to the adolescent drug abuser, and the pastor can work as an agent of God's. Paul Johnson exemplified this point in the illustration entitled:

Psycho-Theological Ground of Community



1. Person meets person
2. Person resists person
3. Both suffer anxiety
4. Person accepts person
5. Persons grow in love

1. God creates man
2. Man rebels against God
3. Both suffer conflict
4. God forgives man (Man cancels out his own wrong)
5. Community of love¹⁹

¹⁸Paul E. Johnson, *Person and Counselor* (New York: Abingdon Press, 1967), p. 71.

¹⁹*Ibid.*, p. 68.

Interpersonal psychology and the theology of relationship express very well man's relationship with himself, neighbor and with God. In a relationship where the Ministry of Reconciling Love is shown the minister introduces the divided person to himself. Often the person or teenage abuser in this case resists seeing the divisions. Therefore the individual experiences anxiety. The anxiety is painful, but in a relationship where these divisions are looked at and avenues are explored to bring the divided person back, reconciling love is the key factor which stops division and has a person move toward wholeness.

The goal of wholeness fits into the Theology of Relationship. In the beginning "God creates man" with all finite nature and ability for transcending some of his finiteness. When man "rebels against God" this finiteness is shown and the rebellion is experienced by initiator of rebellion. Unfortunately the outcome is that "both suffer conflict." Through God's grace "God forgives man," but man experiences forgiveness when he cancels out his own errors.²⁰ When forgiveness is experienced, man again feels part of the "Community of Love."

A biblical example of a person who was divided but became whole was Legion. In Mark chapter 5:5-7, he draws a picture of a man suffering from mental illness. "Night and day among the tombs and on the mountains he was always crying out, and bruising himself with stones. And Legion was tormented within himself, and fearful of

²⁰Dan MacDougald, *Wisdom from the Aramaic* (1970), p. 39.

others. When Jesus came up to him he cried out loud, 'What have you to do with me, Jesus, Son of the Most High God? I adjure you by God, do not torment me.'" Jesus did not torment this man, but instead he cancelled out the conflict within Legion.

"The man whom Jesus addressed clearly was not a unified person, an organized self, not a self-actualized, integrated personality, a mature adult sure of his identity--or whatever other descriptive term you prefer."²¹ And yet this is a central goal of psychotherapy which is to initiate a unification in a person and for the counselee to utilize his own resources for growth and decision-making in his own life. This goal is especially true in client-centered therapy.

The understanding of therapy that has proved most useful in Protestant pastoral care--client-centered therapy--radically assumes the attitude that the individual has resources within himself for appropriate self-direction, if given a safe opportunity in which to explore himself.²²

This safe opportunity to explore himself should be found when the ministry of reconciliation utilizes the resources of the adolescent drug abuser to "grow in love."

When the pastor uses his own resources to solve the adolescent drug abuser's problems he is not helping the teenager to help himself. For example, a teenager comes into a minister's study and mentions that he is taking drugs. The youth shares with the minister some of his problems and why he takes the drugs. The pastor who does not keep

²¹ Ungersma, *op. cit.*, p. 81.

²² Oden, *op. cit.*, pp. 34, 35.

the teenager's confidence and calls the parents in for consultation is taking a tremendous risk. In turn the parents might call the police (as a large number of parents do as a scare tactic) or punish the teenager severely. Using all these methods of supposedly helping a teenager causes the boy never to use his own resources for "appropriate self-direction."²³ This also is the problem with parents' intervention with drug problems of youth. The methods often do not utilize the teenager's coping ability in solving their own problems. Another reason against calling parents in is that some of the inner division as pointed out in the previous chapter occurs because of "parental pressure." Parents often see their role as counselor not realizing that their own emotional involvement lacks the objectivity needed by an adolescent drug abuser. Often the person whom the abuser wants to separate from are those in authority such as parents.

There are extenuating circumstances when parents might be called in for assistance. For example, if an adolescent mentions to the pastor that he is going to commit suicide and abruptly leaves, the pastor should call the parents. In another case, if after counseling the potential suicidal adolescent, the pastor still feels the youth is a suicide risk he might seriously consult the parents.

In view of this the minister certainly is in a strategic situation for persons of all ages. He is called upon as a peer, a non-committed adult (to other adults), and a friend in relation with God.

²³*Ibid.*, p. 35.

The confidence which he must keep is very important for the youth alienated from himself, neighbor and God. Alienation implies self-centeredness. It is a pulling inward. Therefore the minister involved in the ministry of reconciliation must be very sensitive of his own love toward the teenager who is not giving or receiving love. The minister who communicates judgment does nothing but widen the separation between the teenager and himself and in some instances, widen the separation between the teenager and God, for the minister certainly represents God.

A youth experiencing alienation from vertical and horizontal dimensions is alone and in need of a meaningful loving relationship which the minister has the capacity to give. And part of loving this teenager is helping the drug abuser to fulfill his own personal needs including his spiritual needs. "Life is a unity. We deal with the whole person. There is no segment that can be isolated and dealt with separately from other areas of experience. The pastor must deal with the whole person."²⁴ In loving a person, the whole person must be loved. Part of the whole person is his personal needs including his spiritual need. Included in wholeness of the adolescent is the realm of the spiritual. The spiritual needs of the adolescent are the following.

- (1) The need for a meaningful philosophy of life and a challenging object of self investment.
- (2) The need for a sense of the numinous and transcendent.

²⁴Kemp, *op. cit.*, p. 69.

- (3) The need for a deep experience of trustful relatedness to God, other people, and nature.
- (4) The need to fulfill the 'image of God' within oneself by developing one's truest humanity through creativity, awareness, and inward freedom.²⁵

The pastor must be aware of the adolescent's religious needs while directing the adolescent in reconciling his divided self.

In closing, the ministry of reconciliation cannot take place until the pastor has experienced reconciliation within himself. Before he loves another he must love himself, too. "So we must be love to these people before we can speak of God specifically."²⁶ In being love we are authentic persons not hiding behind facades, but proclaiming in the counseling event a personhood of acceptance and wholeness.

²⁵Howard J. Clinebell, Jr., *Basic Types of Pastoral Counseling* (New York: Abingdon Press, 1966), p. 251.

²⁶Samuel Southard, *Pastoral Authority in Personal Relationships* (Nashville: Abingdon Press, 1969), p. 85.

CHAPTER V

PASTOR AS COUNSELING AND CHURCH FACILITATOR

Chapter five will explore in two sections, how a minister can facilitate personal growth of the adolescent drug abuser and ways of involving laity in the curative and preventative aspects of drug abuse among adolescents.

A central function of a pastor is to facilitate growth in an adolescent drug abuser who requests help from his pastor. The best means by which to facilitate growth is through the counseling setting. Counseling with a pastor as growth facilitator is done in one to one relationship and in group and family.

The author found through the Ministerial Survey a number of therapies which facilitate growth used by pastors counseling teenagers with drug problems. (Growth in this context means a personality moving toward inner peace, toward fulfillment of a person's potential without drugs, and a sense of wholeness.) The survey showed that fifteen approaches were used during the counseling relationship by the pastors. It was interesting to note that the five major approaches used were 1) Reality Therapy, 2) Client Centered, 3) Family Counseling, 4) Short Term Counseling, 5) Education Counseling.

The findings from the survey were most interesting because besides the five standardized modes of therapy other approaches were noted which span a wide spectrum. One minister used hypnosis and

psychodrama, two others used psychodrama, while one minister used Jesus Christ or conversion as an approach. Most of the counseling pastors used traditional therapy.

The level of competence is certainly high within the three denominations who responded to the survey. This fact is gratifying because it is through competent pastors of healing that the "Good News" is known and God's word proclaimed even to the abuser who desires drugs over relationships with other people and his creator. Historically, healing is one of the central functions of a minister. Clebsch and Jaekle in the book, *Pastoral Care in Historical Perspective*, said that:

The four pastoral functions of healing, sustaining, guiding, and reconciling have alternately and variously risen to prominence amidst the changing cultural, psychological, intellectual, and religious circumstances of men and women throughout the Christian Era.¹

Certainly healing through dialogue between a pastor and a young drug abuser should be on-going in the life of the Christian church. The pastor should not be the only creation of God's in a church in trying to resolve the infinite problems associated with drugs. In view of this the pastor should share the pastoral functions with laity. Unless the pastor involves others through sharing of his office the church will remain "God's Frozen People."

The pastor must apply his training by carefully involving others as agents of healing, sustaining, reconciling and guiding the

¹William A. Clebsch and Charles R. Jaekle, *Pastoral Care in Historical Perspective* (Englewood Cliffs: Prentice-Hall, 1964), p. 32.

drug abusers and problems associated with drugs. The pastor must act as a facilitator using the untapped resources within the members of his congregation and the resources they in turn have in the community.

The Ministerial Survey discovered twelve action programs in the life of the church as manned mainly by laity and professionals in the church. Three of the drug abuse programs in the local church concentrated on preventative or in some cases seven churches were involved in curative programs for the adolescent. One church coordinated their local curriculum with the city's drop-in center, and reports that "This program is one of rather continual discussion which is integrated with our Sunday evening lessons."

Another church instigated a free clinic in their community under the direction of a minister. The minister said, "I started a free clinic with ecumenical base, using \$10,000 initial grant from my parish." The program is successful with over 500 youth going to the center a week. The money or grant is an example of laity sharing their resources for a worthy cause.

Laity also have ability as para-professionals working directly with adolescent drug abusers. A training program could be established and the pastor could then see that his sensitive members were made available for listening and responding to adolescents with drug problems. There are counseling approaches which a sensitive and mature adult could utilize in talking with a young person experiencing problems associated with drugs. Youth who are trained to respond can offer a tremendous assistance to a fellow peer, as well as adults.

The central theme of this chapter is how a pastor can respond to the growing drug problems. The first section will explain the concept of "Pastor as Counseling Facilitator" sharing with the reader some major do's and don'ts of counseling adolescents with drug problems. The second section will discuss the "Pastor as Church Facilitator" which will include the meaning of lay involvement and some possible models for the church's involvement.

PASTOR AS COUNSELING FACILITATOR

When there is no guidance, a people falls; but in an abundance of counselors there is safety. (Proverbs 11:14)²

The opportunities for counseling are made evident through the minister's pastoral functions. No other vocation in the "helping professions" comes in contact with as many people as the Christian minister. When a pastor preaches a sermon he may very well speak a word or phrase which opens or closes the door for a counseling session with a youth in need of a meaningful relationship. A visit to a church member may be of such a depth dimension that the parishioner may desire to allow the minister into his confidence about his son or daughter, which in turn might open a counseling relationship. A major setting for counseling contacts takes place in the youth groups and groups associated with the youth program of a local church.

It is the small groups and informal meetings with youth that

²Howard J. Clinebell, Jr., *Basic Types of Pastoral Counseling* (New York: Abingdon Press, 1966), p. 6.

offer the opportunity for a youth to experience the personhood of his pastor. Many of the youth who visit the church are not members, but visitors trying to find a meaningful fellowship where love and acceptance is freely given. If an accepting relationship has been established before a crisis occurs, the counseling minister might forestall an impending crisis. There is no question that the caring pastor will always have the opportunity to respond to persons in need. In fact:

Pastoral counseling is a response to the need for someone to really care for the troubled within the church fellowship and those numerous persons who have no church, but who turn to a minister for help when crises strike. A significant percentage of those who seek a pastor's counseling help are not a part of any meaningful fellowship. They are the alienated ones of our society.³

The second major reason for drug abuse among adolescents, as mentioned in the previous chapter, is the alienation felt by drug abusers. Yet this alienation can be bridged by a minister who is willing to involve himself with those who continually cry for relationship without ever saying a word. When the youth finally desires to grow from the pain he is experiencing, the minister can establish a meeting and begin serving as a counseling facilitator.

A counseling facilitator is defined as one who disencumbers a person from the problems which prevent him from experiencing wholeness. By the use of the facilitator's training he will tap within the counselee his own problem solving potential. The counseling process as

³*Ibid.*, p. 41.

stated earlier in this chapter can take place in a one to one relationship, group or family counseling.

It should be kept in mind that counseling an adolescent drug abuser is basically the same as counseling people with other problems, although there are major points in the *Do's and Don'ts of Counseling an Adolescent drug abuser*.

The Do's of Counseling an Adolescent Drug Abuser

1. Affirm with the counselee that what takes place in the counseling session is kept in confidence. In some cases, there is no question with the adolescent drug abuser that confiding in an adult has risks. Presently most marihuana users have sold or passed along drugs to other youth illegally. Therefore a youth must trust the pastor not to "bust" him (call the police) for confiding in the pastor.

A youth also realizes that a pastor relates to his parents in a number of ways. Again the pastor must be aware that a youth might have hesitancy in sharing some background on his problems. Therefore, the youth should not be pressured or manipulated to share information which he does not want to share at the time. It is certainly true that when a youth feels the pastor's confidence he will share what and when he wants to in the counseling session.

2. Relating honestly or authentically is mandatory in the counseling relationship. The theological reasons for relating authentically are stated in chapter four.

Authenticity requires honest communication and competent

facilitation on the part of a counseling pastor. In the book, *The Manipulator and the Church*, the authors give an excellent diagram on what the author refers to as the characteristics of honest communication (see Appendix B).

- a) "The leader leads rather than dictates. He is forceful not dominating."⁴ He facilitates the discussion to the central issues while striving to keep his style of communication of an honest quality.
- b) The respecer. "Rather than using or exploiting, the actualizer respects himself and others as 'thous' rather than 'things.'"⁵ In essence he accepts the person as he is instead of using or exploiting for his own gains or needs.
- c) "The assertor enjoys a worthy foe, but he is direct and straight forward."⁶ The foe is the pain and the pastor is direct and straight-forward in confronting the behavior which in turn causes the pain.
- d) "The expresser is not judgmental of others, but is able to express his own convictions strongly."⁷ The fastest

⁴Maxie D. Dunnam, Gary J. Herbertson, and Everett L. Shostrom, *The Manipulator and The Church* (New York: Free Press, 1970), p. 50.

⁵*Ibid.*, p. 80.

⁶*Ibid.*, p. 81.

⁷*Ibid.*, p. 82.

way for a facilitator to stop honest communication on the part of an adolescent drug abuser and risk his terminating the counseling is for the pastor to judge others.

- e) The empathizer tries to get under the psychological skin and experience the counselee through honest means. He does this by a supportive attitude.
- f) The guide certainly is the facilitator moving the counselee in utilizing his own problem solving potential. When the pastor does this he is saying to the counselee, "You have infinite worth."
- g) The appreciator sees the good and the hopeful in light of the counselee's problems especially when the session reaches an impasse.
- h) The carer expresses unconditional love in his relationship with the abuser.

3. The counseling pastor is aware of the drugs the youth is using and the psychological and physiological effects of the particular drug on the body of an *adolescent*.

If the pastor is unaware of the effects of the drug he should consult a fellow pastoral counselor and a physician. To substantiate this thought let's look at barbiturates.

Barbiturate dependence is seen in persons trying to deal with anxiety, guilt, aggression, inadequacy, depression, sexual urges, perversions, physical pain, and other expressions of psychoses, neuroses, and character disorders.⁸

⁸"Dependence on Barbiturates and Other Sedative Drugs," *Journal*,

The pastor should be aware of these characteristics and his own ability to counsel a teenager with some of the above problems.

With the adolescent use of barbiturates and amphetamines, Reality Therapy is an extremely potent therapy for the abuser of these drugs. Reality Therapy is "a therapy that leads all patients toward reality, toward grappling successfully with the tangible and intangible aspects of the real world, which accurately be called a therapy toward reality, or simply reality therapy."⁹ Reality Therapy is extremely helpful to the drug abuser seeking continually to experience another reality through drugs. This therapy makes it possible for the adolescent drug abuser to fulfill some of his needs in this reality. These needs are meaningful relationships, inward peace, and continuation of his personal growth. Reality Therapy certainly is one approach to adolescent drug abusers.

In the Ministerial Survey the question was asked, "Which major counseling technique has been helpful with the adolescent drug abuser?" Twenty-five ministers stated that Reality Therapy was the most appropriate therapy for adolescents. This is a significant finding because Reality Therapy emphasizes responsibility and people often generalize that responsibility is what teenagers do not want to have any part of. Although Glasser's definition of responsibility is in keeping with the philosophy of the drug abusers, which is "I'll do my own thing and not

American Medical Association (August 23, 1965), 675.

⁹William Glasser, *Reality Therapy* (New York: Harper & Row, 1965), p. 6.

hurt you or others," Glasser defines responsibility " . . . as the ability to fulfill one's needs, and to do so in a way that does not deprive others of the ability to fulfill their needs."¹⁰ Most adolescent traveler's certainly want to fulfill their own needs and at the same time not wanting to deprive others of fulfilling their needs. Certainly this therapy is successful because it does not go against the philosophy of adolescent drug abusers and the drug abuser is able to keep his philosophy and experience growth at the same time.

4. Establish a contract in the initial interview with the counselee. The establishment of the contract should be with the understanding that referral might take place. This thought might be stated by a pastor in these words: Let's meet for a few sessions and then talk about what has happened in our time together and in what direction we will then go. Referral might be a step we explore or we might end the counseling sessions. How do you feel about this plan? In *Basic Types of Pastoral Counseling*, Clinebell recommends in a counseling relationship that:

1) On the basis of this tentative diagnosis, the minister suggest an approach (or approaches) to obtaining help. 2) If continued counseling by the minister seems indicated, the structuring of a counseling relationship should occur.¹¹

5. Do evaluate your own counseling methods. It was interesting to note that five major therapies were used with drug abusers. They

¹⁰*Ibid.*, p. 13.

¹¹Clinebell, *op. cit.*, p. 59.

were Reality Therapy, Client Centered, Family Counseling, Short Term Counseling and Education Counseling, in that order. The counseling pastor should consider using these approaches at some point. The recommendation of the author is that the counseling pastor should be eclectic in his counseling with an adolescent drug abuser emphasizing Reality Therapy as his major mode of operation. Certainly other approaches are applicable with the adolescent; they are study groups, psychodrama, Gestalt, and growth groups, although the use of these approaches are dependent on the skill of the counselor plus their appropriateness to the counseling situation.

The following information is a brief description of the four approaches.

- a) A study group is an educational endeavor whose major purpose is sharing information. Use of a book or subject without resources are two possible formats chosen by group leaders. Often the length of time for a group of this nature is dependent on the leader, financial resources of the sponsoring organization, or the amount of material chosen by the leader. A study group might initiate the need of the participants for a psychodrama or growth group within a church. Probably this type of group should have a great deal of interaction between the resource leader and the group members. Long speeches without dialogue on such an emotional subject as drug abuse often frustrates the listeners.

- b) Psychodrama groups were created by J. L. Moreno. He gives a description of this group when he said, "Psychodrama puts the patient on a stage where he can work out his problems with the aid of a few therapeutic actors. It is a method of diagnosis as well as a method of treatment. . . . It can be adapted to every type of problem, personal or group, of children or adults."¹² The setting for this mode of therapy can be in a counselor-counselee relationship, but it is most productive in a group where a number of therapeutic actors are available. The author has found this approach helpful with adolescents who have pent-up unexpressed feelings. In view of this, enacting scenes which have been painful to an adolescent often deters his use of drugs for escape purposes.
- c) Growth groups are another avenue for adolescent drug abusers to use if they desire to overcome conflicts which prevent growth. "Growth is a developmental concept, usually applied to individual persons and their relationships, involving the unfolding of inherent potentialities."¹³ This process can often be expedited by a peer group setting for teenagers. Eight to twelve youth comprise a group.

¹²Jacob L. Moreno, *Psychodrama* (New York: Beacon House, 1946), p. 177.

¹³Howard J. Clinebell, Jr., *The People Dynamic* (New York: Harper & Row, 1972), p. 3.

The length of time of such a group can go on indefinitely, but should last a minimum of eight weeks. Growth groups *should be* found in the church as a preventative and curative approach to drug abusers or potential drug abusers. Should be is italicized because they often meet the following needs of youth:

- 1) . . . help youth achieve a firm, functional identity.¹⁴
 - 2) . . . help youth develop new relationship skills within a life style of interdependence.¹⁵
 - 3) . . . help youth increase their feelings of self-worth. The Ministerial Survey pointed out that the peer group exerts the greatest pressure for the introduction of youth to drugs, but if a youth has a sense of self-worth possibly he can better cope with his own wishes as well as the pressure of his peers.¹⁶
 - 4) Groups can be a launching pad toward adulthood. The growth group can certainly offer a launching pad for the adolescent traveler who feels he is in a state of limbo.¹⁷
 - 5) Growth groups can enable youth to connect with vertical reality. To many teenagers drugs have a mystical 'allure partly because they offer instant transcendence.' Meaningful minutes cannot be manufactured; 'they happen spontaneously in effective groups.'¹⁸
- d) The originator of Gestalt Therapy is Fritz Perls.
- Perls once said, "We are here to promote the growth process and develop human potential."¹⁹ The counselee's

¹⁴*Ibid.*, p. 84.

¹⁵*Ibid.*

¹⁶*Ibid.*, p. 85.

¹⁷*Ibid.*, p. 86.

¹⁸*Ibid.*, p. 88.

¹⁹Frederick S. Perls, *Gestalt Therapy Verbatim* Lafayette, CA.:

are responsible for themselves. "I am responsible only for myself and for nobody else. I am not taking responsibility for any of you--you are responsible for yourselves . . . So if you want to go crazy, commit suicide, improve, get 'turned on,' or get an experience that will change your life, that's up to you."²⁰ That is basically the crux of this therapy which is applicable to an adolescent drug abuser, for the responsibility to take care of himself is up to the adolescent not the police or any other parent figure.

Gestalt Therapy takes place in a group, but the Gestalt games can be also done in one to one relationship. The "Games of Dialogue"²¹ are the chair dialogue or the dialogue with parts of the body, i.e. two hands dialoging. Either one of these games would be of assistance to a teenager who feels split within himself; that is, he feels that a part of himself might want to take drugs and the other part of him does not want to.

6. Groups are extremely important and should be recommended for the adolescent drug abuser. The peer group often turns the

Real People Press, 1969), p. 15.

²⁰*Ibid.*, pp. 74-75.

²¹Abraham Levitsky and Frederick S. Perls, "The Rules and Games of Gestalt Therapy," in Joen Fagan and Irma L. Shepherd (eds.) *Gestalt Therapy Now* (New York: Harper & Row, 1970), p. 145.

adolescent on to drugs as shown by the Ministerial Survey. Why not use the peer group to turn teenagers off drugs? "There is such a thing as 'levels of genuineness,' and we must always remember that a human encounter can be genuine at any level, whether between two solitary individuals or in the context of a therapy group. When it comes to what actually happens in a group, there are all sorts of systems: (1) The Game, where one person is on the spot, the hotseat, and the group is trying to tear away the phony thing which he is communicating."²² When the author has used this in counseling he has found that this does nothing but antagonize the counselee. Leaving the choice or responsibility up to him to grow as fast and as deep as he wants to is extremely more productive. Another group system is "(2) Sensitivity Groups, where people try to tune in on each other and begin to try to understand what the other members of the group are communicating."²³ This group is highly recommended for pastors working with the adolescent because sometimes the purpose of drugs is to tune into something whether it is music or color under the influence of drugs. Some of the sensitivity techniques are comparable to experiences under drugs. Take, for example, the trust circle. A person is placed in the middle of a circle of people who close their eyes. He falls in the arms of the group members who then pass the group member around the circle. When the author did this exercise a group member compared it with an

²² John G. Frykman, *A New Connection* (San Francisco: Blue Print Services, 1970), p. 19.

²³ *Ibid.*

LSD trip which they had taken at one time. A third major system is "(3) Sensory Awareness, where the body, touch, taste, and other senses are brought into the interaction of the group in a dramatic way."²⁴ Sensory awareness exercises are extremely helpful to the counselee who is emotionally locked and not in touch with his own feelings except under the use of drugs. "(4) Art Groups, where painting, drawing, or music become a tool for the expression of feelings. (5) Body Awareness, where groups are almost totally non-verbal."²⁵ In any non-verbal exercise there must always be a debriefing or discussion after an exercise. Otherwise the exercise will have very little value. Berne created "(6) Transactional Analysis, where a system is used to help people come to grips with themselves and to make changes."²⁶ The author has found Transactional Analysis to be very helpful in having the adolescent understand his own behavior. The ego states in Transactional Analysis are Parent, Child, and Adult. It is interesting to note that the teenager would rather substitute the word Teenager for child when discussing some of the roles he plays in relationships. A popular technique is "(7) Psychodrama or Role-Playing, where people in the group assume and act out different roles, e.g., one person acting as another's father, etc.;"²⁷ Psychodrama is one of the most effective systems in counseling teenagers.

The above systems are only some of the ways a pastor can

²⁴ *Ibid.*

²⁵ *Ibid.*

²⁶ *Ibid.*

²⁷ *Ibid.*

effectively help a drug abuser to help himself.

7. Do some educational counseling on some of the risks of drug misuse. This can be done in a non-authoritarian manner through discussion and the sharing of resources available for personal growth.

When does the counseling relationship become educative?

It becomes 'educative' as it moves toward three goals: (1) Discovering what facts, concepts, values, beliefs, skills, guidance, or advice are needed by the person or likely to be helpful in coping with his problems; (2) communicating these directly or helping the person discover them (e.g. through reading); (3) helping the person utilize this information to enhance his understanding, facilitate a wise decision, or handle a difficult situation constructively.²⁸

Major Don'ts in Counseling the Adolescent Drug Abuser

1. Don't judge a counselee or preach about the evils of drugs. Most likely a counselee knows some of his mistakes and to cause more guilt is insensitive on the part of a counselor. "We must accept the view that we cannot totally erradicate all drug abuse."²⁹ Certainly the minister is not exempted from preaching moralism in counseling sessions. Preaching on drug abuse is much more effective in the pulpit and not in the counseling sessions. If a minister starts preaching a judgmental moralism he should ask, "What is going on within myself?" After he asks this question and he still finds himself keeping the counselee at a distance he should refer the counselee to

²⁸Clinebell, *Basic Types of Pastoral Counseling*, p. 191.

²⁹"Bernard Barber," in *Drugs: For and Against* (New York: Hart, 1970), p. 102.

someone else and do something about his own problems.

2. If a counselee calls for help during a drug crisis don't argue with him. Creating problems or causing more conflict within a teenager on drugs doesn't really help anyone.

As a general rule, whenever you are talking to a person who is in the midst of a drug crisis or an acute drug reaction, be careful not to get into arguments with him or to contribute your own opinions of him and what's happening. Try instead to draw him out, to answer only the questions that he himself is asking.³⁰

3. Don't be a clinician when trying to guide a person through a bad trip.

When trying to help a person on a bad trip, it is more important to be supportive and a friend than to be a clinician. Help the person feel your warmth and acceptance. Talk to him about the things he wants to talk about--keep your own opinions out of the conversation as much as possible.³¹

Counseling can take place and should take place when a person is not on drugs. A counselee on LSD once dropped by the author's house when he first started in the field of counseling. The teenager visited the author under the influence of LSD to educate the counselor, but he tried to counsel the teenager. When the author started counseling the teenager, the boy wanted to leave. There is always the possibility that termination of counseling might occur if a counselor tries to discuss a problem issue which is not the issue of the counselee's.

4. Don't ignore the fact that if a person cannot get to

³⁰Frykman, *op. cit.*, p. 41.

³¹*Ibid.*, p. 34.

medical aid that the minister might have to use first aid. In view of this, it is wise for the minister to know some treatment procedures with drug abusers. For example, barbiturate overdose could be handled in this way.

Overdose (by mouth)

1. If the person is conscious, induce vomiting with syrup of Ipecac or warm soapy water by mouth.
2. Keep person warm, awake, moving. Slap him to keep him awake; it helps stimulate his whole system--make him angry. After about four hours, he can be allowed to sleep for 30 minute periods, if watched so that air passages are not stopped up. (Keep waking him every 30 minutes for 5-10 minutes, for about 12 hours).
3. A cure used by people on the street is the injection of speed. This is effective but must be repeated every 3-4 hours, since the speed wears off and the barbs overtake the effect of the speed once again. [Administering speed should not be done by a pastor.]
4. If the patient is conscious, other stimulants such as coffee, tea, Coke, may be used.

Overdose (by injection or if person is unconscious)

1. Forget vomiting.
2. Use speed if available (can be given rectally).
3. Keep the patient breathing (mouth-to-mouth resuscitation).
4. Otherwise, keep the patient in shock position, face down so mouth and throat can drain.
5. As soon as there is *consciousness*, begin using step #2 above, (waking him, moving around, etc.).³²

It should be kept in mind that in most cases a drug crisis requires hospitalization. There is one exception for hospitalization and that is taking a person on LSD to a hospital in an ambulance or a fast car. Be sure to find out if a person is on acid because fast traveling can be harmful to a person going through an acid crisis. "The experience

³²*Ibid.*, p. 37. (Author's comments in brackets.)

of traveling to get the medication (in a car or ambulance can trigger even more extreme experiences for the person on a bad trip."³³

5. Don't ignore your role as a pastor. "There is a religious dimension to every human problem in that existential anxiety is inherent in all human existence."³⁴ Often a counselee who feels loneliness has this feeling in regard to God, too. Sometimes he just feels completely unloved by his neighbor and God. A major responsibility of the pastor would be to give support with the assurance that God's grace is still in his life. A minister is a key vehicle for restoring a drug abuser's belief in a being beyond himself, but not as a substitute for the counselee's own responsibility. This means for the counselor not to accept the counselee's responsibilities or state that God will bear the burden of all problems.

One of the replies on the survey which asked about the best counseling methods, was "conversion to Jesus." Hopefully the pastor who used conversion was not giving his counselee a "responsibility free" concept for the teenager's drug problem. Drug abusers who use God as a substitute for the answer to all their problems are not using their own inner resources which can be tapped with God's strength.

6. Don't relate to a teenager through the use of "hip" language. The main reason is because an adolescent drug abuser is

³³ *Ibid.*

³⁴ Howard J. Clinebell, Jr., *Mental Health Through Christian Community* (New York: Abingdon Press, 1965), p. 237.

sensitized to phonies and the easiest way to terminate a counseling relationship is to relate to a teenager as one other than yourself. "The addict will not be impressed if the minister uses terms like 'weed,' 'H,' 'bennies,' 'yellow jackets,' 'redbirds.' In most instances, the minister's knowledge of these terms is only hearsay."³⁵

Another reason a pastor should not use "hip" language in reference to drugs is because the language in the streets regarding particular drugs continually changes. The minister could end out a relationship by flaunting his ignorance with the misuse of drug terminology.

PASTOR AS CHURCH FACILITATOR

It is important that counseling not be the end of a pastor's involvement with the growing drug problem among adolescents. A minister of a local church should involve himself and the laity in the preventative and curative aspects of drug abuse.

Many church laymen want to become involved in solving some of the problems associated with drug abuse. "Vital Christians of today are little interested in 'band-aid' Christianity. They want to be involved in major surgery, in efforts and programs that will make a difference over the long haul."³⁶ With their sensitivity to adolescents

³⁵Tommie L. Duncan, *Understanding and Helping the Narcotic Addict* (Philadelphia: Fortress Press, 1965), p. 80.

³⁶Thomas J. Mullen, *The Dialogue Gap* (New York: Abingdon Press, 1969), p. 42.

a teacher, parent, or rehabilitated drug user could share a wealth of knowledge and experience with the adolescent drug abuser.

Groups of people in the church must participate in changing the direction of drug use among youth because of the human resources that can be found in a local church.

Constructive change is not inevitable! In fact, it is not even likely unless many more people become concerned about the direction of change and knowledgeable in the skills for moving change in creative directions.³⁷

Therefore the pastor who desires to involve others in the drug problem must accept in his pastoral duties the role of Church Facilitator.

A Church Facilitator is defined as a trained pastor who can articulate the central problem issues and involve laity in meeting some of the problem needs of persons or groups in society. The pastor through his ministry in a local church will know many of the major problem issues in the church and community through his calling and general ministry to the community. In fact, the historical role of ministry requires the pastor to be very near the needs of the people he is serving as a leader and facilitator.

Three times (the same number of times Peter denied Him the night He was betrayed) Jesus asked Peter, 'Do you love me?' Each time the answer was insistently affirmative. Then, also each time, Jesus commanded Peter, 'Feed my lambs . . . Tend my sheep . . . Feed my sheep.'³⁸

Tending the adolescent lambs under the direction of a minister with

³⁷Harvey Seifert and Howard J. Clinebell, Jr., *Personal Growth and Social Change* (Philadelphia: Westminster Press, 1969), p. 10.

³⁸Nathanael M. Guptill, *How to be a Pastor in a Mad, Mod World* (St. Louis: Bethany Press, 1970), p. 46.

the aid of laity is part of the role of the Church Facilitator. The shepherding must reach out into the world with the church as an instrument of healing and a vehicle of social change in the life of the church and non-church adolescent.

Fortunately some churches are acting as a vehicle of social change in the problem of drug abuse among adolescents. In the Ministerial Survey thirty-eight pastors answered the question, "Have you started any kind of a program to combat the present drug problem?" Ten pastors said yes and two pastors replied that they had not started any programs, but that there were drug abuse programs in their church. Twenty-six pastors responded that they had not started any program to combat the present drug problem. The following information describes briefly nine programs initiated by pastors in local churches.

1. One minister reported that he coordinated his church curriculum with the city's drop-in center. He said, "This program is one of rather continual discussion which is integrated with our Sunday evening lessons."

2. A minister reports that he "organized a one-hour contemporary worship program along with some growth groups and some of the kids get higher on God than on *any drugs*." He has eight youth serving as leaders with lay persons in supervisory positions.

3. A pastor reports that he has had programs in his church but not on a regular basis. This is how they were organized:

Outside groups invited in to explain the effects of drugs; former drug users and counselors giving testimony to how Christ has changed their lives. Also information and group discussion oriented.

4. "Reach out" was organized by a minister. This program is a twenty-four hour hot line and youth are hired as leaders in the program.

5. In another church a minister gathered users together with youth serving as leaders. He also has a psychiatrist and psychologist on his staff.

6. A minister reports, "I started a Free Clinic w/ecumenical base, using \$10,000 initial grant from my parish." He has several youth serving as leaders.

7. An extensive counseling program was organized with a minister and layman working together.

It is a community program--hot line--a crisis phone with follow-up counseling by volunteer professionals in the community. A church member did a Senior project at Cal Poly studying the function of crisis lines in other communities. She mentioned it to me when I first came to town; I encouraged her to organize it. She organized Poly students and professions in the community to train volunteers and man the phone. She brought the proposal to Family Service which I work with as Assistant Director. We gave it office space and financial backing. It has been going now for about 18 months.

8. A local church minister was involved in "Training staff to recognize and deal with the 'real needs' of hard core. The minister who was a trainer is supervised by a psychiatrist and a M.S.W."

9. A minister reported how he established a youth problem center.

A sampling of the February-March records (1970) of the drop-ins show this breakdown of age and the problems identified:

51% were below age 18
 32% were between 18 and 25
 16% over 15 were parents (all but 2)
 33% emotional
 33% emotional or family related
 21% drugs
 14% medical referral (VD, pregnancy, etc.)

There are other ways pastors were involved in combatting the drug problem, but not organizing specified programs.

1. One example was this:

Acceptance of the fact that youth are using drugs, and accepting them where they are. The idea of an 'educational' program based on fear or morality has been discarded as inadequate and inept. We treat youth as people and first class members; they serve on *all* levels of our program. *Not* as 'token' youths, but as human beings.

2. A pastor was instrumental in having youth serve in the community drug programs.

3. Another minister reported that he did not start any kind of a program to combat the present drug problem, but that:

Church members sponsored a community program related to local OEO Unit. Evening rap sessions with youth of the drug culture, writing of proposal, and enlisting local people to man an evening center.

SUMMARY

Innovative drug abuse programs should be found in the churches.

It is obvious that innovation is helpful for the Church Facilitator in ministering to the particular needs in the community. For example, the pastor who was leading a growth group organized a worship experience besides his growth group. Certainly this innovative idea added to the spiritual and personal growth experience of the drug users.

Another observation was that some of the churches cooperated with the community. For example, the church which started a hot-line did "follow-up counseling" by volunteer professionals in the community as well. A second church coordinated their curriculum with the city's drop-in center. Dialogue ensued between the city's center and the church. The survey showed a number of models which are examples of preventative and curative programs.

The laymen of a church should be working from preventative and curative standpoints with the prevalent drug problem. Both of these standpoints must be acted upon. Prevention and curing effect the present and the future use of drugs by adolescents. Therefore the church must try to meet the present and the possible future needs of the adolescent.

Preventative Models for Churches

1. Discuss at the youth meetings led by rehabilitated youth addicts, not adult addicts, issues and questions youth might have regarding drug use. A young addict should share his or her experiences had with drugs. He should also explain some of the steps he took toward rehabilitation. Following his presentation a "rap session"

should occur without the adults present. Often adults present authority problems and thereby hinder open discussion.

2. A pastor is in a strategic position to preach on drug abuse, specifically the theological issues which relate to drug abuse. Not only should he preach on this subject but he should facilitate positive action on the part of laity from the ideas mentioned in his sermon.

Halford Luccock calls attention to the fact that the response to the sermon at Pentecost was 'What shall we do?' Let me suggest a two-step approach to the action phase of the response to preaching: (a) Motivation--Healthy motivation moves people, not primarily by guilt but by the warm wonderful experience of reconciliation. It challenges them to live in the Kingdom which embryonically is present among us, and to work for its permeation into the fabric of interpersonal relationships and the structures of society. All this is a glad response to the gift of God's accepting love. (b) Modus operandi--Having succeeded in inspiring people to change their behavior, serve those in need, or join in social action. The next step is to help people discover a way of implementing their new intentions. The impact of many sermons is wasted because they do not include a closing section in which questions such as 'So what?' and 'What can I do about it now?' are answered in terms of realistic 'next steps' which the hearers can take.³⁹

3. A Pastoral Church Facilitator should see that church members are represented on the countless boards and committees which combat drug abuse in their own communities. Persons who are sent into the community to represent the church should then return and report to an organized task force bi-weekly or monthly. The task force should send out new ideas with the church representatives, while at the same

³⁹Clinebell, *Mental Health Through Christian Community*, p. 92.

accepting some responsibilities on behalf of the church or the task force.

A model of this nature does have theological significance when the church sends out representatives into the community. A central rhythm in the church is found when it gathers to hear the Word, partake of the Sacraments, and then scatter into the world. As Thomas Oden clearly states in his book, *The Community of Celebration*:

The community gathers to confess its sin, proclaim the Word and commit itself anew to life before God, then scatters to serve men in the world as they have been served by God. This community rehearses repeatedly, yet always freshly, this pulsating rhythm, coming together to renew its self-understanding before God, and moving back out into the world to renew the world, to witness to the world's inner meaning, and to serve in the world.⁴⁰

Certainly the church which involves itself in this rhythm, and scattering to serve the needs of the adolescent drug abuser, is in the process of renewing their lives.

4. The Church Facilitator should inform the lay personnel who relate with youth (these include parents and youth group advisers) of the agencies which assist adolescents with drug problems.

When a pastor first receives an appointment in a parish he should immediately investigate the various helping agencies in his community who can give legal advice, counsel youth, and give medical examinations. One agency which is being found more and more in our cities is the Free Clinic. A Free Clinic often gives all the above

⁴⁰Thomas Oden, *The Community of Celebration* (Nashville: Board of Education, Methodist Church, 1964), p. 123.

services to teenagers. There are a number of clinics close to the School of Theology. They are the Foothill Free Clinic, Pasadena, and the East Los Angeles Free Clinic. The following information lists the specific services offered to youth in the above mentioned clinics:

- Provide Medical Assistance (V.D., pregnancy test, minor trauma, complaints, hospital referral network including drug-detoxification)
- Provide Legal Counseling (individual cases, referrals, education)
- Provide Counseling (individuals and groups)
- Provide Job Placement

All of these services are provided either free of charge or at a minimum charge within an atmosphere free of the constraints and pressures which elsewhere blight or prevent the growth and development of adolescents. Foothill Free Clinic of Pasadena originally started by churches concerned with counseling services for drug abusers and their families, and gradually expanded its services.⁴¹

Besides free clinics, social welfare agencies, college campuses, doctors, hospitals are only a few of the places a pastor should look in referring youth with drug problems or recommending others to refer teenagers. The Church Facilitator should present background to the adult leaders of the various services rendered by the agencies. It is helpful if the pastor organizes a file of index cards which is available in the youth room for youth and adults containing information where help can be obtained for youth who have problems because of drugs or problems relating to drugs.

⁴¹Sam Slack, *Drug Abuse: A Community Problem* (1970), p. 11.

Curative Models for Churches

1. Organize a task force for the purpose of surveying possible programs to assist adolescent drug abusers in resolving their problems associated with drugs. At the completion of the survey (interviews, questionnaires, and research) the task force should then plan a strategy. This strategy would utilize the human resources, the facilities of their own church, and other churches. It is advisable that this task force be co-led by the Church Facilitator and youth in the church.

2. The Church Facilitator should organize a *Functioning Lay Ministry of Pastoral Care Program* which would minister to the adolescent drug abuser in the churches and the community. This program was originally organized by Mr. Al Campbell and the author for a class in pastoral counseling, but the author has adapted this outline for Pastoral Care of the Adolescent Drug Abuser.

In this outline we will cover in four main sections how to select and train a functioning lay ministry in pastoral care of the adolescent drug abuser in a local church.

A LAY MINISTRY OF PASTORAL CARE PROGRAM

I. Desirable Qualities in the Church Facilitator

His goal is to establish an effective and efficiently functioning organization of laymen who are emotionally mature and responsible to persons, i.e., by being sensitive and responsive to them. The laymen should be adept at relating in depth to persons and be

knowledgeable both experientially and intellectually about their specific area of pastoral care and the theological significance of their work in pastoral care. It is clear that if an organization as the one described in this outline is in fact to function effectively and efficiently not only must it rely heavily on the skills and qualities of personhood embodied in the minister as perceptive student, but also on his skills as guide and teacher of the group of laymen. This is the most important aspect of establishing this kind of program, for it would be most difficult for a blundering and insensitive minister to guide laymen in becoming sensitive.

II. Selection Process of Laymen

It is important to select appropriate persons for this ministry and to leave loopholes which will allow him to gracefully eliminate inappropriate persons from the program.

- A. The Church Facilitator may keep a record of persons who have come through the experiences upon which pastoral care focuses. These would include bereavement, parents who have gone through drug crises with their own children, cured drug addicts, cured alcoholics and laity who have been in various kinds of drug crisis situations with adolescents. Further, emphasis should be placed on diversity in background such as economic, vocational, and age of the laymen.
- B. Rather than issuing a general call, appropriate laymen listed in the records may be selected on a personal basis.

- C. The laymen should be reasonably comfortable with themselves.
- D. They should love life and live to the fullest.
- E. They should have a capacity for influential leadership.
- F. They should actively experience social existence. They should feel loved and valued which will enable them to care for and value others.⁴²
- G. The laymen should have a "natural therapeutic personality."⁴³

It will of course be difficult to find a group of laymen which fulfills all of these criteria. The criteria should rather be viewed as a goal to be approached.

III. Training Process of Laymen

To establish the program there should be a continuous training and evaluation process which is more intensive at the beginning.

- A. The beginning intensive program should be at least twelve weeks and include:
 - 1. Introductory remarks, outlining, and the characterizing of the program.
 - 2. Sensitivity and growth groups.
 - 3. Lectures plus open discussions which seek to relate the lecture material to the concrete level of existence of the individual laymen.

⁴²Points C-F are taken from a lecture delivered by Howard Clinebell on April 23, 1968, at the School of Theology at Claremont.

⁴³Clinebell, *Basic Types of Pastoral Counseling*, p. 289.

The lectures should include:

- a. The theological significance and implications of pastoral care to the adolescent drug abuser.
- b. The nature of and dynamics of specific areas of pastoral care to the adolescent drug abuser, e.g., the effects of drugs from a psychological and physiological viewpoint, etc. Selected readings would be helpful at this point for the laymen for expansion of his own knowledge in a field which is ever changing.

4. A three-day retreat including:

- a. Several resource persons including the Church Facilitator.
- b. Use of group techniques and sensitivity training for the explicit goal of establishing an esprit de corps within the pastoral care group.
- c. Recreation time.
- d. Time for meditation and extended silence.

5. The final move to begin ministering should include some time for actual supervised encounters. The youth who are on the retreat could role play the teenage drug abuser's part.

- B. For continued training and evaluation the minister may meet every two weeks or so with the members of the pastoral care teams in groups of six to review and evaluate the encounters of the lay ministers and offer constructive suggestions. The

Church Facilitator should always be available for consultation with the lay ministers.

IV. Administration of a Functioning Lay Ministry in Pastoral Care to the Adolescent Drug Abuser

- A. A central office (e.g., the church office) with one secretary who has the responsibility of keeping an account of the persons in pastoral care.
- B. Encourage the entire congregation to be alert to areas and persons in need, and then distribute the calling to the trained laymen.
- C. Organize "availability day" when the trained adults and youth scatter throughout the youth hangouts as para-professional counselors.

After they have gone through an intensive training course as outlined in number two, some of the youth and adults could then go into the community one afternoon or evening a week, depending on the schedules of the laymen, to listen and dialogue with the youth using drugs. The laymen would go into the community in pairs. A pair would be comprised of an adult and a youth. This particular group would be carefully supervised. Once a week the pairs would come together to share case presentations with the Church Facilitator, a consulting psychiatrist and the pastoral care group who specifically minister to the youth in the community. During the week the Church Facilitator and a church psychologist would also read verbatims presented to them by the counselors.

CHAPTER VI

SUMMARY OF CONCLUSIONS

This study attempted to show that an effective counseling pastor can involve other people in constructive responses to adolescent drug abusers. And this effort by minister involves a specialized knowledge, an authentic, accepting personhood, and a willingness to share responsibility with others.

The Ministerial Survey substantiated the basic fact that some adolescent drug abusers actually request counseling assistance from ministers. In light of this fact, the effective minister must be cognizant of the information discussed in this thesis and reported in the questionnaire results. By a combined practical and theoretical knowledge, and basic understanding of the preventative and curative aspects of drug abuse, a pastor can render valuable service, not only on behalf of his God, but for the youth in his parish and community. To accomplish this goal, the trained pastor should bring to the counseling relationship, in addition to his social concern, a psychosomatic-spiritual (or, a mind-body-spirit) knowledge of God's Creatures. The following summary of conclusions from this thesis are presented here as a potential aid to those pastors who are responsive to adolescent drug abusers.

1. The ever increasing abuse of marihuana establishes an obligation for society and pastors to understand and then implement a positive alternative for adolescent drug abusers. (Presently, little

is known regarding the physiological effects of marihuana on youth abusers.) The utilization of Reality Therapy is a means by which to discover alternative solutions, with the counselees, to those drugs or actions which harm them.

2. The Ministerial Survey respondents reported that some of their adolescent counselees abused marihuana, barbiturates and amphetamines. The tabulations of the returned questionnaire (of fifty-five respondents) indicated that these three substances were abused more than any of the other eighteen drugs surveyed. In light of this knowledge, pastors should acquaint themselves with our society's legal handling of the use and abuse of these drugs, with their psychological and physiological effects, and with the treatment of the drug abusers, themselves.

3. The effects of drugs vary due to: the environment where the drug is first taken into the system, the type and amount of the drug, and the personality of the abuser. In view of this evidence, society must be more cautious about stringent laws based on poorly investigated facts. The professional organizations themselves are separated on the issue of drug abuse. Law, medicine and scientific research have not yet joined in the search for the psychological and physiological causes and effects of adolescent drug abuse, but have a diversity of opinion regarding the effects of such drugs. The tragic result is that the teenager suffers. The pastor and the church need to confront those social institutions and academic disciplines which allow the continual suffering of these persons.

4. The use of punitive laws in most cases have not decreased drug usage among teenagers. In chapter two, the author recommends four steps to improve the government's effectiveness in curbing drug abuse. A key responsibility of the pastor and the church should be to work for better legislation affecting adolescents.

5. The fantasy picture so popular now, of a mysterious drug pusher on every campus is, we find, an illusion. Youths become introduced to drugs by those closest to them, including friends, the family, the medical profession and, above all, college students. But their pastors have opportunities to introduce the kind of helpful contacts who can give new personal direction to those youth who have turned on to drugs.

6. Correctly used, amphetamines can be helpful in treating depressions of an intermediary state, plus a variety of other medical conditions. However, dangers can occur from amphetamines when they are mainlined or taken orally into the body. The symptoms seen in some youth abusers are paranoid psychoses and organic syndromes. Acts of violence and a high accident proneness are often found among amphetamine abusers. A pastor should keep the fact in mind that not much effective counseling can take place when the counselee is under the influence of drugs.

7. To counsel an adolescent effectively, a pastor should have a thorough psychological understanding of adolescent age characteristics. The counseling pastor can then develop a sensitivity for the causes of drug abuse in this age group. (It is noteworthy that, in

the survey, nineteen different causes related to adolescent psychology were enumerated by counseling pastors.)

8. The survey reported that alienation, peer-group pressures and experimentation were the apparent causes of drug abuse. A pastor should keep in mind these psychological causes (which were discussed in chapter three) in the counseling relationship, and in planning strategy to change society's attitudes toward drug abusers.

9. Drug abusers experience division from other persons, from parts of themselves, and from God. These divisions can be bridged especially by a minister who has a psychological and theological understanding of himself, and who has two images as: the image of "minister as acceptor" and of "minister as reconciler" in relationship with the adolescent drug abuser.

10. The final chapter applies theological, historical, psychological and ethical implications for the facilitating pastor both in adolescent counseling and in the involvement of church laity with the care of drug abusers. It is crucial to emphasize that a facilitator should use the counselee's own potential to cope as well as the churches' potential to curb the rising problems of adolescent drug abuse.

In conclusion, the pastor has an ethical responsibility to work effectively with the adolescent drug abuser. The ministry requires the pastor to study deeper in those disciplines which relate to the drug problems among adolescents *in his own community*. His studying should include both intellectual pursuits and dialogues with

youth in many settings. Above all, the pastor should not be the only person actively concerned about drug abuse; but he should facilitate the involvement of his church's laity in helping serve the needs of the adolescent drug abuser.

The church holds a strategic position in the lives of adolescents and in society because of its organization, manpower and above all its theological guidelines for serving mankind. The church today has an opportunity to influence social change by traveling with the adolescent in order to find some of the solutions to the problems which motivate drug abuse. Unless the helping professions--and the church--respond now, the escalating abuse of drugs will damage the lives of increasing numbers of our adolescents.

It would be magical thinking--like the magical thinking of the LSD user who hopes for rapid insights and enlightenments without working toward them--to imagine that our predicament with drug excesses will soon go away. Drug use is a part of the changing pattern of today's world, and drug use will only diminish as we understand the meaning of the individual's drug taking and (as) we (the church with society) provide a meaningful alternative for him.¹

¹*Drugs: For and Against* (New York: Hart, 1970), p. 22.

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APPENDIXES

APPENDIX A

RESULTS FROM THE MINISTERIAL SURVEY

1. What type of community does your church serve?

Upper Economic 8Middle Economic 25Lower Economic 3

The following information is not included above.

Churches serving upper and middle economic classes 4A church that serves all three classes 1Churches serving lower and middle economic classes 4

2. How many adolescents with drug problems did you counsel from January 1970 to May 1971 in your total counseling ministry?

% in Counseling Ministry	3 -	1%
	6 -	2%
	1 -	3%
	1 -	4%
	9 -	5%
	9 -	10%
	1 -	15%
	1 -	18%
	1 -	20%
	3 -	25%
	1 -	30%
	1 -	60%
	<u>10</u> -	0%

Total Ministers 47

3. What is the average number of sessions that you usually see a counselee with serious drug problems?

Sessions

1
2Length of time a pastor
sees a counselee0
4

3	8
4	10
5	6
6	3
7	2

Miscellaneous Comments

No average number of times 1
 Depends on individual 1
 One counselor does a group
 with a minimum of 12 sessions 1

Total Ministers 36

4. Which major counseling technique has been helpful with the adolescent drug abuser? Please check the major technique. If you use a number of techniques please number the most used beginning with #1 to the least used.

Client Centered	19	Education Counseling	7
Reality Therapy	<u>24</u> + 1 w/hypnosis	Short Term Counseling	<u>11</u>
Imagery Therapy	<u>4</u>	Family Counseling	<u>14</u>
Action Therapy	<u>8</u>	Group Counseling	
		Encounter/growth	<u>1</u>
		not specified	<u>3</u>

Others (specify)

Referral	7	Jesus Christ--real honest	
Psychodrama	<u>2</u>	conversion	<u>1</u>
Gestalt	<u>1</u>	Growth Groups 6 & 10 week	
Sensitivity		groups	<u>1</u>
Training	<u>1</u>	Long Term & open avail.	<u>1</u>
		Small intergenerational	
		prayer share group	<u>1</u>

5. Have you started any kind of a program to combat the present drug problem?

Yes 10No 28

6. Describe the drug abuse program in your local church. (Please use additional paper if needed.)
- How was it organized?
 - Are there any youth serving as leaders in your program?
7. Please note the person supervising your program.

Pastoral Counselor (Ph.D. or Th.D.)
 Psychiatrist
 Psychologist
 Psychiatric Social Worker
 Chaplain Supervisor
 Yourself (B.D., Rel.D., D.Min., Th.D., M.Th.)
 Other (specify)

Questions 6 and 7 are discussed on pages 95-97.

8. What drugs have your adolescent counselees used from January 1970 to May 1971? (If they have used more than one drug, please number beginning with #1 with the most used drug to the least used drug.)

35 Marihuana

17 L.S.D.
 10 Mescaline

Amphetamines

18 Benzedrine
 16 Methedrine
 7 Dexedrine

41 total Amphetamine abusers

Alcohol 16

Narcotics

1 Opium
 16 Heroin
 2 Morphine
 2 Codeine

Barbiturates

15 Nembutal
 28 Seconal
 8 Phenobarbital
 5 Doriden

56 total Barbiturate users

Others (specify)

1 Gypsum Pods
 1 Darvon
 1 Amyl Nitrate
 1 "You name them"

2 Glue Sniffing
 1 "What ever hits the street"

9. What are the general cause(s) for drug abuse among adolescents?
(Please check the major cause(s).)

Experimentation 18

Alienation 22

Curiosity 11

Peer Group
Pressure 25

Others (specify)

*1 "Political, social and cultural change that the person is unable to cope with."

1 Self-esteem problems

1 Escape from unpleasant reality

1 Lack of adult male influence

2 Escape

1 Enjoyment

1 Machismo

1 Combination of experimentation and alienation

1 Mixed up emotionally

1 Boredom and lack of meaning--fragmentation and loneliness

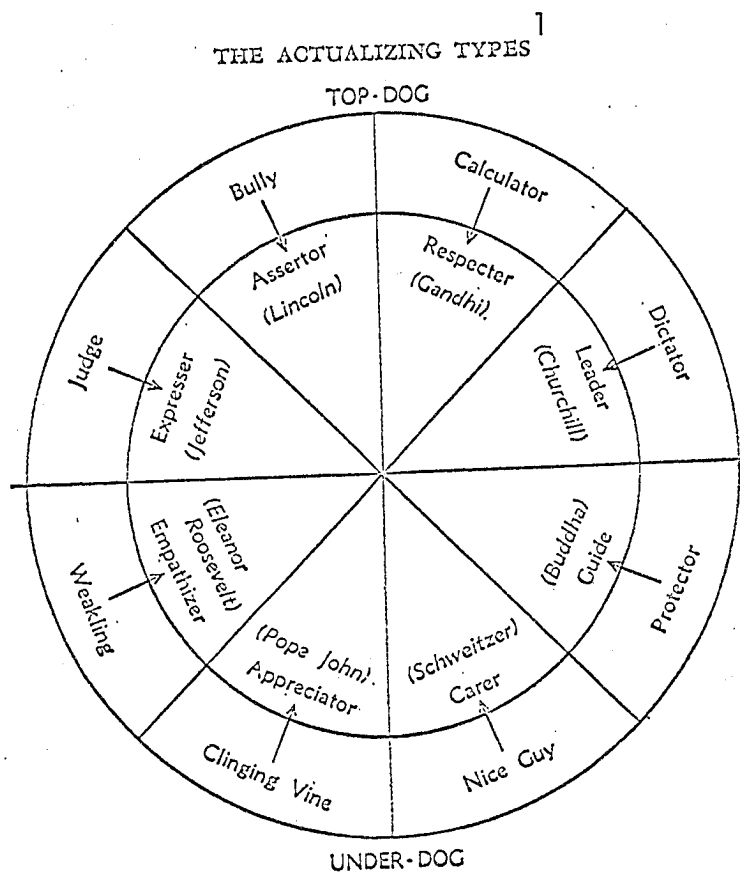
1 Lack of sense of warmth-not loved

1 Personal needs resolved--physiological and psychological dependence

1 Abuse can come from persons who do not have their own lives put together in a meaningful way. Drugs seem to help . . . then hinder. Poor self-image affirmed either at home, school or among peers. Membership in drug culture sometimes gives needed peer affirmation. Sometimes the trip itself provides escape for a while.

*All the above results are taken literally.

APPENDIX B



¹Maxie D. Dunnam, et.al., *The Manipulator and The Church* (New York: Abingdon Press, 1968), p. 81.

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